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CITY OF SHEFFIELD
EDUCATION COMMITTEE



SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

FOR THE YEAR ENDED 31ST DECEMBER, 1965

[FIFTY-EIGHTH YEAR]

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Ear, Nose and Throat Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
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Rheumatism and Heart Disease	†*JOHN LORBER, M.D., F.R.C.P., D.A.
Orthodontic Section	*(VACANCY)

Orthoptists :

†*Miss JENNIFER A. SMITH, D.B.O. †*Miss PENELOPE WATSON, D.B.O.
†*Miss VALERIE STAGG, D.B.O.

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Miss ELSIE DENT, S.R.N., S.C.M., H.V.Cert. (Chief School Nursing Sister)	
Mrs. MARY ANDERSON, S.R.N., S.R.C.N.	Mrs. VERA C. M. JAMES, S.R.N.
Miss PHYLLIS M. ARTHUR, S.R.N.	Mrs. CONSTANCE E. JONES, S.R.N., C.M.B.
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Mrs. ELIZABETH BATES, S.R.N., R.F.N.,	Mrs. JOYCE LEACH, S.R.N.,
C.M.B. (Part I)	Mrs. LILIAN LIVERSIDGE, S.R.N., T.A. &
Mrs. GRACE E. BROWN, S.R.N., S.C.M.	Orth.Certs.
Mrs. JOYCE C. COGGINS, S.R.N.	Mrs. LOIS McCALLUM, S.R.N., S.C.M., R.F.N.,
Mrs. ELSIE M. COX, S.R.N., S.C.M.	H.V.Cert.
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Miss EDITH DONCASTER, S.R.N.	(Part I)
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Mrs. JEAN HEPPLESTONE, R.S.C.N.	Mrs. VALERIE RAINBIRD, S.R.N., Q.I.D.N.
(from 27-4-65)	Mrs. GRACE RICHMOND, S.R.N.
Mrs. IVY HIBBERT, S.R.N., S.C.M.	Miss AUDREY E. SALVIN, S.R.N., S.C.M.,
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Miss CLARICE HOBSON, S.R.N., R.F.N., S.C.M.	Mrs. RENE SMITH, S.R.N.
Miss JEAN HOYLAND, S.R.N., R.S.C.N.	Miss GRACE STANIFORTH, S.R.N., S.C.M.
(to 31-12-65)	Mrs. JEAN A. THOMPSON, S.R.N. (to 30-11-65)

(One Vacancy for School Nursing Sister)

Health Visitors also serving in the School Health Service :

Mrs. PATRICIA CLIFFE, S.R.N., S.C.M., Miss SYLVIA M. WILLIAMSON, S.R.N., C.M.B.
H.V.Cert (to 26-3-65) (Part I), H.V.Cert. (to 26-3-65)

Nursing Assistants :

Miss KATHLEEN BELL	Mrs. BETTY PURVIS, S.E.N.
Mrs. HAZEL COLLEY (from 17-5-65)	Mrs. DOROTHY SANDLAND
Mrs. MARY CRAPPER, S.E.N.	Mrs. JOAN STEER (from 18-1-65)
Mrs. DOROTHY DARWIN	Mrs. JOAN STONEY (to 31-3-65)
Mrs. CONSTANCE H. ELLIOTT	Mrs. MARY E. TOWNEND, S.E.N.
Mrs. JOYCE M. FARIS	Mrs. JOAN M. TURNER
Miss ELIZABETH GILL	Mrs. MARGARET G. WARRINGTON

Dispenser at Clinics :

GEORGE WARRILOW

Principal School Dental Officer :

EDGAR COPESTAKE, L.D.S.

School Dental Officers :

PAUL A. BETTS, L.D.S. (from 1-11-65)
*Mrs. PATRICIA W. W. BLACKBURNE, L.D.S.
(from 3-11-65)
ALBERT E. CLARKE, L.D.S.
JOHN G. F. GILL, L.D.S., R.C.S. (from 1-12-65)

Mrs. PETA J. B. HILL, B.D.S. (from 11-10-65)
*PAUL R. MAKIN, L.D.S. (from 29-3-65)
HERBERT PARKIN, L.D.S.
Mrs. EVA L. TYSON, B.D.S.

(Five Vacancies for School Dental Officers)

Dental Anaesthetist :

*COLLETTE TAYLOR, M.B., B.S., D.A., F.F.A.R.C.S.

Dental Auxiliaries :

Miss JACQUELINE ASKEW (from 7-9-65)

Miss PATRICIA MORRIS

(Three vacancies for Dental Auxiliaries)

Dental Surgery Assistants :

Miss ANGELA BIRKS (from 25-10-65)
Miss LILIAN H. CATTERMOLLE (from 1-12-65)
Miss GEORGINA H. J. CREDLAND (from 6-9-65)
Miss LESLEY HADFIELD
Miss SUSAN HAWKINS
Miss ESME KINGSTON (from 6-9-65)

Miss WINIFRED M. MCKENZIE
Miss CLARE E. MARLOW (to 6-8-65)
Miss CLARA L. MARSDEN
Miss APRIL G. MILTON
Mrs. AUDREY ROSS
Miss DELIA SHIELDS (from 25-10-65)

(Six Vacancies for Dental Surgery Assistants)

Oral Hygienist :

(VACANCY)

Dental Technicians :

CLIFFORD J. ATKIN (Senior)
(Vacancy for Apprentice)

(Vacancy for Dental Technician)

Child Guidance Centre :

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge)

KENNETH A. SMART, B.Sc., Ed.B.
(Educational Psychologist)

MICHAEL DAVIS, B.A.
(Educational Psychologist) (to 31-10-65)

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist)

Miss RUTH J. M. GARDEN, M.A., Ed.B.,
A.B.Ps.S. (Educational Psychologist)

†*A. C. WOODMANSEY, M.D., M.R.C.P., D.P.M.,
D.C.H. (Psychiatrist)

IAN C. MURPHY, Ph.D.
(Educational Psychologist/Psychotherapist)

*Mrs. CHAJE R. HOLMES
(Psychiatric Social Worker)

(Vacancies for Two Educational Psychologists and One Psychiatric Social Worker)

Speech Therapy Clinic :

Miss ANNE B. CHAPMAN, L.C.S.T.
(Senior Speech Therapist)

*Mrs. JEAN M. PEARSON, L.C.S.T.
(Speech Therapist) (from 26-10-65)

Miss JENNIFER ADKINS, L.C.S.T.
(Speech Therapist) (from 7-9-65)

*Mrs. PRUDENCE R. M. POPAT, L.C.S.T.
(Assistant Speech Therapist) (to 31-3-65)

*Mrs. PAMELA J. BATTYE, L.C.S.T.
(Assistant Speech Therapist) (to 31-12-65)

*Mrs. LESLEY M. SALTMARSH, L.C.S.T.
(Speech Therapist) (to 31-7-65)

*Mrs. ANNE D. M. GRAY, L.C.S.T. (Speech Therapist)
(from 7-9-65)

Chiropodist :

*LEONARD ALDAM, M.Ch.S., S.R.Ch.

Bents Green School :

Mrs. BARBARA P. AKEROYD (Housekeeper/Matron)

Miss MURIEL M. HARTLEY, S.E.N. (Resident Assistant Nurse)

Chantrey School :

Mrs. ROSEMARY COLQUHOUN
(Physiotherapist) (from 6-9-65)

Mrs. BESSIE FURNESS, S.E.N.
(Assistant Nurse)

Mrs. THEODORA W. N. COLQUHOUN
(Physiotherapist)

Miss NORA BELL, S.E.N.
(Assistant Nurse)

Mrs. PAMELA R. EGAN
(Physiotherapist) (to 10-9-65)

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(Speech Therapist) (from 7-9-65)

Mrs. MARIAN FORTESCUE, S.R.N.
(Resident Nurse)

Miss JOYCE WILKINSON
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(Vacancy for Physiotherapist)

Maud Maxfield School for Deaf :

Miss FLORENCE E. SHAW (Housekeeper/Matron)

Oakes Park School :

Mrs. BERNICE OWEN, S.R.N. (Nurse) (from 14-6-65)

Sheffield School for Blind Children :

Miss GILLIAN A. MURFIN (Housekeeper/Matron) (from 1-2-65)

Administrative Assistant :

PETER MASON, D.P.A.

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(NOTE : *Denotes part-time Officer. †Denotes appointment by arrangement with the Regional Hospital Board).

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE:

An introduction should be brief, underlining the main features of the year under review and passing any comments that arise from the facts outlined in the main body of the Report. On the other hand, there is a temptation—not always resisted—of following a line of thought beyond the boundaries of the school health service and discussing the point within the wider context of the health and welfare services.

The most heartening news relates to the school dental service which, at one stage, seemed almost to be 'dying on its feet.' Three full-time and one part-time qualified dentists and also one dental auxiliary joined the staff during the autumn term. This relatively large influx of staff was not fortuitous but a result of the Committee's determination to take every step possible to make work in the Sheffield school dental service attractive. Paradoxically, the limiting factor now is lack of suitable dental surgeries. A number of clinics have been built during recent years, both by the Education and Health Committees, but dental facilities were not provided because there seemed little or no prospect of obtaining the staff to make use of them. Mobile dental clinics, mentioned by Mr. Copestake on p.21, have their drawbacks, particularly during wintry weather, but there may well be a place for their use even in an urban area such as Sheffield. The Health Committee has clinics already programmed at Heeley and Hillsborough by 1968-9 and, in the light of the changed circumstances, some thought must now be given to the inclusion of a dental suite so that a fuller range of services may be offered to children in these areas.

Less promising is the news on fluoridation. Only a few months ago it seemed that fluoride would be added to Sheffield water by the end of 1966, but the scheme has been delayed owing to the recent restrictions on capital expenditure. Whatever the future holds in store as regards the recruitment of dentists, concern must be felt for the unnecessarily high incidence of dental decay. Nor must we forget the need for continuing dental health education, though I would not disagree with the opinion voiced by Mr. Copestake in the Report for 1961 that if every child were to receive regular and comprehensive dental treatment, they would become proud of their teeth and that little more than the regular contact and personal influence of the school dental officers would be needed.

At the request of the British Tuberculosis Association the Committee agreed to co-operate in a trial of a simpler method of B.C.G. vaccination. Preliminary results obtained in other areas were encouraging, and it was hoped that supplies of the special vaccine might have been made available to enable us to continue using the new method. Indeed it is still hoped that the method will be officially approved before the full five years of follow-up have elapsed.

A disquieting feature, however, was the unexpectedly high proportion of positive reactors in the routine skin tests carried out to determine if B.C.G. vaccination was necessary. It must remain an open question as to whether this was due to observer error or whether, as Dr. Ducksbury tentatively suggests, there may have been some form of non-specific protein sensitivity which affected the reliability of the test. In the interests of the children it is proposed to offer a retest so that B.C.G. is not withheld on the grounds (possibly mistaken) that they are already protected. It must be emphasised, however, that these uncertainties have nothing to do with the new method of B.C.G. vaccination which is technically simpler and more pleasant for those on the receiving end.

Trials of measles vaccination are continuing in various parts of the country (not Sheffield). The living vaccine which is the one likely to be given general acceptance still gives reactions which, though more acceptable than an attack of measles, may cause the child to be unwell for two or three days. On the other hand if it is shown that immunity is longlasting and that large scale vaccination eliminates measles epidemics, then we shall have another major operation on our hands in which the school health service will have an important part to play.

Poliomyelitis was back in the news but fortunately not in Sheffield. An outbreak in Lancashire threw some doubt on the efficacy of the earlier Salk-type vaccines, and it is recommended that all school children should have at least received a single 'boosting' dose of Sabin (oral) vaccine. The school nursing sisters again toured the schools in the summer term, distributing vaccine.

In epidemiological matters it is never wise to act on the assumption that it can't happen here. Although there has been no case of diphtheria in Sheffield since 1952, there are still a number of children who slip through the immunisation net and do not receive protection, and this is particularly liable to occur among groups of severely handicapped children. The proportion of children receiving reinforcing doses, at or about the age of nine years, has risen steadily but is still far short of 100 per cent. of those who were immunised in infancy or at the time of school entry.

Another Lancashire outbreak—this time paratyphoid fever—and one which families brought to our doorstep on returning from holiday. 19 cases or symptomless excretors are known to have occurred in Sheffield in the later part of the summer, but only four were of school age and one of these had not been away but had been infected by an older sister. Despite extensive courses of treatment all the school children were positive on discharge from hospital, but one cleared up fairly rapidly on returning home. The remaining three children were allowed to return to school but paper towels

were provided and W.C.s set aside for their exclusive use. Eight months after the original attack, these three children are still potentially infectious, and the precautions are being continued. This extensive outbreak was due to drinking raw milk that had become infected on a farm. Although the illness was fortunately mild, a high proportion of those drinking the raw milk were infected. The Health Authorities on the other side of the Pennines acted with commendable speed and almost all the Sheffield cases were ascertained as a result of lists notifying us of guests who had stayed at hotels and boarding houses known to have been supplied with the infected milk. One wonders how many more outbreaks must be reported before steps are taken to prohibit the sale of untreated milk. There may be genuine practical difficulties in remote rural areas, but this hardly seems justification for an indefinite policy of *laissez-faire*. The principle has long been established in relation to milk supplied to schools that all milk should be heat-treated.

Although scabies has been out of mind since the epidemic of World War II, the dermatologists report that cases referred to hospital out-patients have been steadily rising during recent years. The number of pupils dealt with through the school health service remained fairly low—72 in 1965—but it is likely that many more cases are being treated by general practitioners. Scabies is liable to be a family infestation and it is important that the household—children and adults—should be treated at the same time. A number of such cases are sent by arrangement to the Osgathorpe Cleansing Centre where they are given a hot bath, and lotion is applied over the whole surface of the skin. Bathing facilities are still inadequate in many Sheffield homes, and it is a pity greater use is not made of these amenities.

Lives continue to be lost by drowning, and it is encouraging to read in Mr. Morant's Report of the swimming success now being achieved in primary schools. The prevention of accidents is an important educational responsibility and, although outside the scope of this Report, I am conscious of the contribution made both by the teaching staff and the police in training children from an early age to find their way in safety through the ever-densening jungle of traffic. Nevertheless road traffic fatalities remain the greatest single cause of death among children of school age.

The speech therapy staffing is better than it has been for some years, although the position is likely to remain precarious until training facilities in the North of England are improved still further. Probably a number of speech defects clear up spontaneously, even without treatment, but for others, delay makes the condition more intractable. Cases should be referred at an early stage so that the speech therapist can evaluate the condition, even if she decides regular attendance may not be necessary. Some children seem to be scarcely aware that they are not talking properly, but if the

condition persists it may become a hindrance in later life. Where, however, the defect causes conflict in the home, or ridicule among classmates, the psychological disturbance may leave its mark, even though the original idiosyncrasy of speech eventually resolves.

The most important development during the year, in the realm of special education, was the opening of the partially hearing unit at Greystones Secondary School. The primary school unit at Hunter's Bar, established in 1962, quickly demonstrated the value of educating severely handicapped children within the environments of a normal school, and yet providing the equipment and expertise that is only possible in a specialised unit.

Plans for a special residential school for spina bifida children, including a nursery unit, are now being finalised. The next project on the stocks is a day school for maladjusted pupils, which should alleviate the difficult position which has arisen in some of the schools for delicate children. Maladjusted pupils often can be placed satisfactorily in the sheltered environment of an open-air or any other special school, but the balance is a precarious one and the number of disturbed children must be limited if the arrangement is not to get out-of-hand. The prime consideration must be the education of the type of children for whom a special school is intended.

Despite spectacular advances in some spheres of medicine, the treatment of enuresis (bed-wetting) remains unsatisfactory. Fortunately the great majority of cases clear up as the child grows older, but not without feelings of shame or sense of exasperation on the part of the mother for whom every day is apt to be a washday. A device which is often successful is an electric alarm apparatus which operates on becoming damp and so wakes the child. Although previously loaned out by the department, it was decided to make the apparatus more freely available and an additional 25 alarms have been purchased during the year.

The Ministry of Health (Circular 2/65) suggested that immigrant families should be approached. Children were to be offered skin testing and, where appropriate, B.C.G. vaccination. Advice is also given and, where necessary, arrangements made for the chest X-ray of adults. The offer of B.C.G. vaccination was not to be restricted to the age groups where protection is offered as a routine measure in school. As is described on p. 28 the department has taken a broad view of this responsibility and leaflets have been prepared in Arabic, Urdu and Hindi, explaining the need for various health measures. I am most grateful to all Head Teachers who have brought to our attention newly-arrived immigrant children—without their active help it would not have been possible for this scheme to have been so successful. Further thought is being given to difficulties of communication with immigrants, many of whom cannot read even their own language.

Considerable efforts have been made over a number of years to keep a friendly eye on the handicapped adolescent and, if necessary, offer support in the critical months after leaving a special school. The welfare services available through the Health Department were considerably strengthened during the year under review, both as regards a general social work service and the provision of workshop facilities for young people not in normal employment. The youth club for E.S.N. school-leavers, established in 1964 at the Health Committee's Social Centre in Psalter Lane, has been a successful experiment and many of the lads were able to go on a camping holiday in Ireland. In October, 1965, a somewhat similar club for girls was launched at Highfield Special School. At the moment of writing, a joint Circular on Handicapped Children and Young People (Circular 9/66) has been received from the Department of Education and Science, and Ministry of Health, which asks Authorities to review both interdepartmental co-operation and arrangements for liaison with hospitals and general practitioners.

It only remains for me to express my thanks to the staff of the School Health Service and, in particular, the various contributors to this Report. Dr. Oates is to be congratulated on being elected President of the School Health Service Group of the Society of Medical Officers of Health for 1965-6. To the Director of Education and the Education Committee I am deeply indebted for the inauguration of a social work training course based on the College of Commerce and Technology—and also the health visitors' training course likely to begin in September, 1966. I have greatly enjoyed attending meetings of the Child Welfare Sub-Committee and would tender my appreciation to the Chairman and Members for the consideration and courtesy shown.

CLIFFORD H. SHAW,
Principal School Medical Officer.

MEDICAL EXAMINATIONS

"Dangers foreseen are the sooner prevented"
Richard Franck, "Northern Memoirs"

Tables relating to the number of children examined are given on pages 53 to 55. Again, the periodic health inspection takes place on entry into, and on leaving, school life, with the intermediate medical examination by selection at the age of eleven years. At the entrants' examination when the child is five years old, not only are any physical defects noted, but also the attitude of the child to entry into school. This latter should be taken from both the mother's and the teacher's point of view for, looking into the future, could this indicate the type of student who is liable to break down in the first year of university or college life?

Parents are also invited to be present at the leavers' examination, which takes place during the last year at school. Liaison is made here with the general practitioner, youth employment officer, medical officers in charge of the after-care of the handicapped and the factory doctor.

Parents of eleven-year-old pupils have the option of having their children medically examined. In addition to these, children are brought forward by the teachers and school nursing sisters and their parents invited to be present at the medical examination. This medical examination by selection replaces the routine one of all eleven-year-old pupils. Although it is concentrated on this age group, a child of any age can be brought forward to the school medical officer.

Dr. J. E. Lunn, of the Department of Preventive Medicine and Public Health, University of Sheffield, has given valuable help by doing the periodic health inspection in some of our infant schools. He has combined this with his research work, and so come to our aid in a staff shortage due to illness.

The medical officer also undertakes a follow-up of cases and ideally is in school each term, for it cannot be too greatly stressed that this is team work.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows:—

Candidates for appointment in the service of the Education Committee	468
For stage licences	15
Juvenile Court cases	115
"Boarded-out" children (annual medical examination)	8
Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades:—	
Number passed	1,025
Number not recommended	5
Students for admission to training colleges for teachers:—	
Men	96
Women	202
	298

REPORTS FROM SCHOOL MEDICAL OFFICERS

“This is the short and long of it”

Shakespeare, “Merry Wives of Windsor”, II, ii.

In the course of the work of the school medical officers, different aspects emerge which are reflected in the following extracts from reports received:—

(a) “I am pleased to report that the health of the children in Shiregreen and Wincobank areas has been good this year. There have been a certain number of cases of mild scarlet fever, which have possibly been spread by ‘missed cases’, the condition being sufficiently mild to have been mistaken for rubella. In no cases have any complications or sequelæ occurred.

Parents attend clinic regularly with their children when invited to do so and are most friendly and co-operative on the whole. We have a few cases of absenteeism, needing much supervision and following-up by staff and the Education Welfare Department.”

(b) “After a closure of 5 years the Woodhouse Clinic was re-opened in May, 1964, because of the new schools in that area. Judging by the cases at attendance clinic, the re-opening has been justified. Regular inspection of feet at the periodic health inspection in schools has enabled large numbers of verrucæ to be treated and possibly the spread of infection prevented.

There has only been the opportunity to try the bell-pad on one child with enuresis, and this was successful. It is felt that this would benefit many of the older children who are enuretics.”

(c) “I should say that the health of the schoolchildren has improved this year. The incidence of otitis media appears to have declined, although we still have some chronic discharging ears.

While examining the school leavers of my large High School I was pleased to note a large number of well-cared-for sets of teeth, the children having had all necessary treatment carried out. I wonder if this is the effect of the more affluent last ten years in a working community, despite the probable increase in consumption of ‘spice’.

I would like to say a personal ‘thank you’ to those concerned in the clean air campaign. In the recent winter fogs, although visibility was down to a few yards on Attercliffe Road, the air was breathable. I did not feel that rasping of the back of the throat I so well remember.”

(d) “There is no outstanding change in the general health of the children in my district. On the social side, clothing is much less outlandish and long hair for boys has gone out of fashion for the most part.”

(e) “During routine medical inspections in one infant school, several children were seen who were reported to wet themselves during school hours. Such accidents occur in all infant schools but the incidence at this school appeared

excessive. The teaching staff had attempted, unsuccessfully, to deal with the problem by letting children go to the toilets at any time during class without asking permission.

Information was collected from class teachers and 19 out of 210 children (9%) were found to wet in class or assembly. A few of these children also soiled in class. This rate was abnormally high and search was made for a cause.

Ten of the children were girls and nine boys. The 210 infant children occupied 6 classrooms, and three of these tended to be colder than the rest because of heating and insulation problems. The influence of these cold classrooms was queried. The numbers of children wetting by class is shown below and no concentration of 'wetters' was found in the colder rooms; furthermore, no clear diminution of 'wetters' was found as the children got older.

Class	Youngest			Oldest			Total
	I	II	III	IV	V	VI	
Number of children wetting in class	3	6	3	2	3	2	19

Of the 19 individual children, it emerged that 5 were Jamaican. This represented 15% of the Jamaican children and 8% of the non-immigrant children in the school. Two further findings were that parents seemed indifferent to the situation and the child care assistant had a very efficient routine for the 'accidents'. The routine consisted of washing the children down, supplying clean pants and putting the wet pants into a plastic bag to be taken home. From the children's point of view the situation was that wetting in class posed no problems of physical or psychological discomfort.

Teachers simply gave permission for the offenders to go to the child care assistant and she cleaned everything up. Parents accepted the wet pants in the plastic bag as a matter of course and all was well. The high incidence amongst the Jamaican children may possibly have provided the example for the other children to follow. From the teachers' and child care assistant's point of view the situation was distressing. The action taken was fairly strict and perhaps rather old-fashioned. The parents of some of the most frequent 'wetters' were seen by the school doctor and informed that the attitude of the school to this behaviour was going to harden and that they were expected to co-operate in this change of attitude. The children were told by class teachers that further incidents would no longer be passed over so sympathetically and that any child needing the toilet during class was free to go but any child who wet during class would have to wait to the end of the period before going to be changed.

During the first month following these measures, only about 6 accidents occurred and during the second month 4 accidents; 3 of these were new reception children. This can be regarded as a normal rate and the school has been able to return to normal conditions."

CO-OPERATION WITH OTHER BODIES

"You can't clap hands with one palm"

Chinese Proverb

NATIONAL HEALTH SERVICE

Specialist clinics arranged by agreement with the Regional Hospital Board continue as before; details are given on pages 17, 18, 24, 55, 56 and 58. Mention must be made, however, that the heart clinic was suspended for eight months during Dr. Lorber's visit to Ceylon.

Co-operation with the hospitals and general practitioners is maintained by personal contact and by letters. Following the leavers' medical examination, 338 defects were noted and details sent to the general practitioners. This represents 6·9% of school leavers as compared with 6% in the previous year.

PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

It cannot be too greatly stressed that the School Health Service is one of team work between the medical officers, school nursing sisters, teachers, education welfare officers—in fact all members of the educational service—and the parents. The co-operation of the Children's Officer and his staff, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Council of Social Service and also that of the press must be acknowledged with thanks.

Fairthorn Convalescent Home, which is under the auspices of the Sheffield School Children's Holiday Association, was open from 1st March to 17th December. During this time 118 boys and 117 girls received convalescent treatment, as well as 44 children who were selected for a holiday during the summer vacation by the teachers. Before admittance, each child was examined by a school medical officer and passed as suitable and free from infection.

The Senior School Medical Officer, Dr. Oates, was elected President of the School Health Service Group of the Society of Medical Officers of Health and during her year of office also serves on the full council of the Society.

OPHTHALMIC TREATMENT

*“Throughout our days safeguard the eye,
God grant we be not blind,
Ward off the cataract, the styte,
The rheum, the mote unkind.”*

“Poems of the Western Highlands (The Eye)”

Mr. M. Ferguson, the Ophthalmologist, comments that there is little new to report. The work continues satisfactorily and the waiting list is of manageable proportions.

Tables in connection with this work and also on orthoptic treatment are given on pages 55 and 56.

ORTHOPTIC TREATMENT

Miss J. A. Smith, Head Orthoptist, reports:—

“Restored to its normal complement of 3 by the appointment of Miss Stagg, the Orthoptic Department has continued to function three days a week.

It is gratifying to see the large increase in the number of ‘cures’ amongst the discharged cases—82 as against 45 in 1964. We are now beginning to get results from early vision screening in children and the resulting earlier treatment.

Those in the ‘improved’ category show an increase from 16 in 1964 to 48 this last year. Though not technically a ‘cure’ by merit of equal visual acuity and binocular single vision, they nevertheless have shown *and maintained* a good vision in the amblyopic (lazy) eye.

Altogether it has been an encouraging and satisfying year.”

EAR, NOSE AND THROAT DEFECTS

"... the time will come when you will hear me"

Benjamin Disraeli, Maiden Speech to House of Commons, 1837.

As before, Mr. R. E. Peasegood, the Aural Surgeon, attended the Central Clinic to see cases referred to him by the school medical officers. Dr. E. M. Swallow, the School Medical Officer in charge of the clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, speech therapists also have the opportunity of discussing cases in which they are interested.

Annual statistics are given on page 56 relative to the work of the clinic, together with information regarding surgical treatment for tonsils and adenoids.

Dr. E. M. Swallow reports:—

"PRE-SCHOOL AUDITORY TRAINING CLINIC"

Statistics regarding the year's work are given on page 57.

Auditory training sessions for pre-nursery school age children are held each week at the Central Clinic—the duties being shared by two teachers from the Maud Maxfield School for the Deaf.

With the co-operation of the head teacher of this school it has recently been possible to arrange for these children to attend the nursery class for 1-2 days a week during the term preceding their full admission. This arrangement is proving beneficial to these young children and their parents appreciate the more gradual integration into school routine.

PARTIALLY HEARING UNIT AT HUNTER'S BAR COUNTY SCHOOL

During the year, 3 children were transferred to the Unit from Maud Maxfield School and a further seven, including one from the West Riding, were admitted from ordinary school.

PARTIALLY HEARING UNIT AT GREYSTONES SECONDARY SCHOOL

In September, a senior Unit for ten children was opened at Greystones with Mr. Hall, a trained teacher of the deaf, in charge. Currently, 8 children are in attendance. Of these, 3 were transferred from the Maud Maxfield School and 4 from the Junior Unit. The remaining child—a West Indian who had only recently arrived in this country—was transferred from Highfield Special School. This child had little or no formal education prior to her arrival in this country and it was necessary to give her some intensive auditory training at the clinic over a period of several months before she could be considered for the Unit. It has been very pleasing to note how well these children are becoming integrated into the normal school routine.

I should like to express my appreciation of the help and co-operation I have received from all the head teachers concerned.

AUDIOMETER PURE-TONE TESTING, JANUARY TO DECEMBER, 1965

Pure-tone testing was carried out in the Central Clinic at the request of school medical officers, Mr. Peasegood (the Otologist), speech therapists, child guidance staff, parents, teachers, school nursing sisters, general practitioners and medical officers in the Maternity and Child Welfare Service.

Number of cases tested:—

New cases	...	...	...	436
Retests of present year			...	166
Retests of previous years			...	376
Total				978

Cases seen by Mr. Peasegood at Central Clinic:—

New cases	...	...	...	120
Old cases reviewed		...	...	146
Total				266

Hearing aids prescribed by Mr. Peasegood totalled 16. Four of these children have been admitted to Maud Maxfield School for special education and one is still attending the Pre-School Clinic for auditory training prior to being admitted to the school.

The remaining eleven children are all in ordinary school and have been offered tuition in lip reading.

AUDIOMETER SWEEP TESTING—SCHOOL YEAR SEPT. 1964 TO JULY 1965

A total of 6,936 children in the age range 6-7 years were tested. 213 children failed this test and it was necessary to complete a full audiometer test. The children were then referred either to the general practitioner or to the school clinic for a more intensive investigation.”

SCHOOL DENTAL SERVICE

*“Out came the children running,
All the little boys and girls,
With rosy cheeks and flaxen curls,
And sparkling eyes and teeth like pearls”*

Browning, “Pied Piper of Hamelin.”

E. Copestake, Principal School Dental Officer

“A successful year. Several changes were made to attract recruits. The result was that three additional full-time dental officers, two part-time dental officers and one full-time dental auxiliary were appointed.

The Western Road, Southey Green and Hillsborough dental clinics were closed down permanently for various reasons, the most obvious of which was that the available accommodation failed to attract new staff. The Rowlinson Clinic was provided with a second surgery. It is ideally designed and situated, and the equipment so good that no difficulty has been experienced in finding staff to occupy it. Work was put in hand to improve, within the limits of the present building, the two surgeries at the Manor Clinic and they will be equipped in a fashion that any dentist would find distinctly attractive. It is intended to equip the Hatfield House Lane Clinic in a similar fashion during the next financial year. The establishment was increased to include five posts for Senior Dental Officers and five for dental auxiliaries, the appointment of a Senior Dental Officer being dependent on the undertaking of additional responsibilities of which the supervision of the work of a dental auxiliary is the chief. In December, the staff consisted of one Principal School Dental Officer, three senior dental officers, three dental officers, two dental auxiliaries and two part-time dental officers. No less than seven qualified at the Sheffield University, five of them quite recently.

With the re-opening of four clinics on a full-time basis we should see next year a greatly increased number of children examined and treated. The situation is still not satisfactory. There is a large number of schools which have not received a dental visit for many years and are not likely to have a visit in the near future. At the moment every equipped surgery is occupied. It is not possible to appoint more staff because suitable premises are not available, yet vacancies on the establishment still exist for two senior dental officers, three dental officers and three auxiliaries.

INSPECTION AND TREATMENT

The additional staff were appointed too late in the year to make much difference to the number of children treated but there was a 30% increase over the previous year in those examined in schools and clinics.

The established pattern of treatment has been badly affected by the redistribution of secondary school pupils and the building of new schools

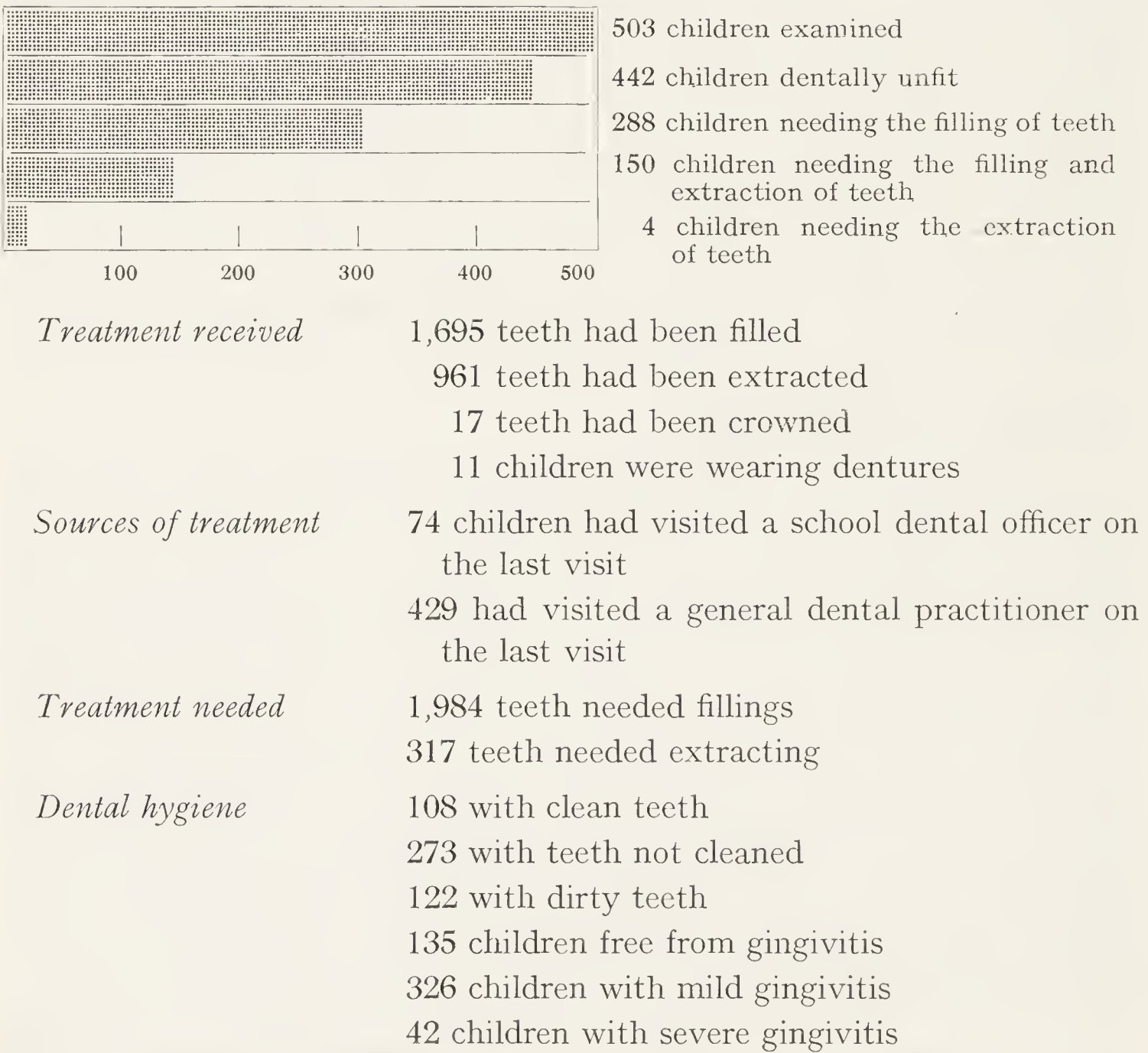
for them distant from the long-established clinics. This has disrupted the continuity of treatment from the infant to the grammar school stage. It has become impracticable to provide treatment for pupils who, though living within easy reach of a dental clinic, attend secondary and grammar schools situated at inconveniently long journeys away. The Attercliffe and Owler Lane clinics have been badly affected by the changes taking place. The infant and junior school children in these areas receive treatment which is sharply interrupted at eleven-plus years of age. Continuity of treatment could only be provided by establishing new treatment centres in the comprehensive schools, or the alternative is available of providing mobile clinics to pass from one secondary school to another. Provided suitable male staff were available—men with some aptitude for dealing with the difficulties attendant on the successful day-to-day management of a mobile dental surgery—this would be the solution of choice. The mobile clinic is certainly popular with teaching staff and parents alike because it provides a convenient means of treating children. The idea of mobile clinics has been accepted in principle as an alternative to building dental clinics in a number of secondary schools widely spaced on the City boundaries. The latter would involve a dental officer in operating two or three surgeries a week as the situation allowed, and the part-time use of fully-equipped dental surgeries is not the most economic way of providing treatment.

THE NEED FOR TREATMENT

A national survey was made in the early part of the year to discover how many children are leaving school unfit and with no interest in dental hygiene. We might speculate on cause and effect but it is very obvious that parents should take an important part in training children towards having regular dental treatment and in using a toothbrush. Their influence is fundamentally much greater than any which a child might be subject to in school or on its occasional visits to a school clinic. It is suggested that the availability of school dental officers and their regular visits to examine children in schools is often a deciding factor in stimulating parents to send children for treatment, because the primary function of the school examination is to notify parents when treatment is required. In those places traditionally short of dental officers it may be forecast that a survey would reveal a great number of children who are dentally unfit. In the better residential areas, previous surveys in Sheffield have shown that many children are receiving regular dental care because treatment is always available from the general dental practitioner service if it is asked for. In the more industrial areas children are not so well off. This might prove to be the pattern displayed by the country as a whole.

It has been suggested that the school dental service should make dental treatment equally available to all children in all areas. This could be made

possible by reorganisation on a regional basis; its rigid economy could be assured by standardised forms of dental clinic, equipment and output of treatment, and its staffing problems solved by overall Ministry of Health control and the ability to direct dental officers to work in those areas with the greatest need for staff. This would constitute a serious and practicable attempt to provide all children with dental care. The question of 'What need is there for treatment' in industrial as compared with the delightfully balmy seaside towns which many of us choose to visit for our annual holiday treat will be one of the answers supplied by this national survey. Sheffield was invited to provide information on our children and a brief summary of the findings of the survey made is given. They relate to a 10% sample of pupils aged 15 years during the year 1965:—



REDUCING THE NEED FOR DENTAL TREATMENT

The most certain method of reducing dental decay is to fluoridate water supplies yet its introduction by local authorities has proved to be a singularly protracted operation. To start fluoridation would drastically reduce the number of decayed teeth in children born to-morrow and every day which follows. It would cost less than the dental manpower used in trying to

prevent the loss of teeth in children by treatment alone. Fluoridation means a 60% reduction in tooth decay. Those teeth damaged by decay would not be so seriously affected and the filling of such teeth would be less unpleasant for the child. Fillings would last longer because being smaller they are less subject to failure from wear and tear. Teeth would decay more slowly and much later in life. Let us employ this excellent way of delaying the need for dental treatment. The adult tolerates it better than the child and he too would benefit in not requiring dentures, like so many of our young adults do, years before it should be necessary.

IN CONCLUSION

A start has been made towards rebuilding the school dental service and it is certain that, given the means of further developing the opportunities offered to new staff, it could become a very active service indeed within the space of a few years. The evidence provided by the survey has proved there is no shortage of work. There is in fact a vast load of treatment which should be done. It would take the full-time services of one dentist for a whole year to make the 503 children examined dentally fit and they are but one-tenth of the children aged fifteen years in the City. We are expected to train all the children in our schools to obtain dental treatment regularly and use a tooth-brush daily. It would need an energetic and enthusiastic staff to attempt this. The attempt however could more successfully be made if it were supported by the fluoridation of our water supplies. The results could then be very pleasing indeed."

CHIROPODY AND ORTHOPAEDIC CLINICS

“Ye have . . . made a big harvest for a little corn”

John Heywood, “Proverbs”

CHIROPODY CLINIC

Mr. Aldam, the chiropodist, reports:—

“The chiropody clinic has been very busy during the year; 768 children attended for treatment, to whom a total of 1,705 treatments were given. We are now seeing a greater number of corns and nail conditions in teenagers which I attribute to present-day fashions which have deteriorated in the last few years.

The most common infective foot complaint in children has been verrucae and this condition has accounted for 90% of the treatments. Although much research has been conducted into this condition, the cause has not, as yet, been identified although it has been suggested that it may be a virus. One must always remember that the most common age group for developing a verruca is early adolescence, so that it is possible that hormone changes could be a causative factor.”

ORTHOPAEDIC CLINIC

Mr. A. Dornan, Consultant at the Royal Hospital, has continued to be responsible for this Clinic, where the work has followed the usual pattern of previous years.

During the year, 183 children were seen, of whom 17 were found to require hospital treatment.

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

“Before the child himself felt he was sick”

Shakespeare, “King John,” IV, ii

CHEST CLINIC

Dr. R. H. Townshend, Consultant Chest Physician, reports:—

“With the steady reduction in the number of cases of tuberculosis in the City, and with B.C.G. now being offered to school children at the age of 11, tuberculosis among schoolchildren is becoming a very rare disease.

During 1965, only 3 schoolchildren were notified as suffering from tuberculosis and only one of these had pulmonary disease. None of these children had attended the Chest Clinic.

298 schoolchildren attended the Chest Clinic for the first time. 205 of these were given B.C.G. and many of the others were referred because they were suffering from asthma, bronchitis and other non-tuberculous chest conditions.

During 1965, a scheme was started in which all new immigrants are invited to attend the Chest Clinic for tuberculin testing and are offered B.C.G. if negative. This is an attempt to protect these children and adults from tuberculosis, to which they are particularly exposed because of their housing conditions and because of the high tuberculosis rate in Asian immigrants.

The arrangements for these cases to attend are made by the health visitors with the help of the staff of their schools. The scheme supplements the more systematic follow-up of immigrant children described on page 27.”

B.C.G. VACCINATION OF SCHOOLCHILDREN

Dr. C. F. J. Ducksbury, School Medical Officer, reports:—

“During 1965, the B.C.G. vaccination of 11-year-old pupils has been continued and, in addition, facilities for vaccination have been extended to full-time students in the establishments for further education.

(a) B.C.G. Vaccination of schoolchildren

Number of children skin-tested	...	...	...	...	4,622
Number of positive reactors (previous B.C.G.)	...	...	...	...	260
Number of positive reactors (no previous B.C.G.)	...	...	...	...	519
Positive reactor rate (excluding previous B.C.G.)	...	...	...	...	11.9%
Number of negative reactors	...	...	...	...	3,843
Number of children vaccinated	...	...	...	...	3,738

The positive reactor rate has risen to 11.9%, but has fluctuated this year, being particularly high in the first six months (about 18%). A large number of minor reactions may have been due to a non-specific protein sensitivity, known to occur in certain other parts of the world such as India and Australia. In the months from September to December, it dropped to 5.5%, which was a little lower than the rate for 1964.

1,115 children vaccinated in the spring term are taking part in a trial organised by the British Tuberculosis Association, designed to compare the efficiency of different methods of vaccination. A quarter of the children were vaccinated by the giving of an intradermal injection, which is the method at present in general use. The rest were vaccinated by a multiple-puncture method, which, on the whole, is more popular with the children, as it is painless, does not involve an injection and leaves a negligible scar. All these children are to be followed up with annual tuberculin skin-testing until leaving school, to ensure that the vaccination has been effective and to determine the degree of immunity achieved. Children in Cardiff and Staffordshire are also included in the trial, and it is hoped that the results will enable the new method to be generally adopted, as it is in many ways preferable to the present one.

X-ray of positive reactors

Of the 463 children who attended for chest X-ray, 79 were those whose parents, though not accepting skin-testing, had requested a chest X-ray. 94 children for whom appointments were made failed to attend, though 2 of these were later found to be already attending the chest clinic.

The results of the X-rays were as follows:—

Normal chest	...	...	...	...	...	...	455
Evidence of past tuberculous lesion, now healed					...		6
Miscellaneous	...	...	...	...	...	...	1
To be kept under supervision			...	...	...	...	1
							<hr/> 463 <hr/>

There were no cases of active tuberculosis discovered this year through these routine chest X-ray examinations.

(b) B.C.G. Vaccination of Students in Establishments for Further Education

B.C.G. vaccination was offered this year to the full-time students who come within the scope of the Local Education Authority. Some of the colleges were visited twice in order to see as many final-year students as possible.

504 students were skin-tested altogether, of whom 357 were positive reactors. 211 of these had already had B.C.G. vaccination a few years previously when at school. 147 students showed a negative reaction and 144 of these were given B.C.G. vaccination.

15 staff also wished to be skin-tested and these were all positive, except for one negative reactor who was then vaccinated.

Positive reactors were advised to attend the Mass Radiography Centre, Ellin Street, for chest X-ray where this had not recently been carried out."

SPECIAL INVESTIGATION IN SCHOOL

Dr. R. E. Browne reports:—

“One case of tuberculosis was notified in a pupil of the infants class at a primary school. The school was visited in May, 1965 for Heaf Testing of the children who had been in contact.

Letters had been sent to all the parents, asking for their consent to skin test and, if necessary, chest X-ray of the children.

Results:—

Negative reactors	...	35	(one had previously had B.C.G.)
Positive reactors	...	5	(four had previously had B.C.G.) (one was weakly positive)
Absent	...	...	3

All positive reactors were offered Chest X-rays. The absentees were given appointments to attend the next defaulter sessions at Orchard Place.

The school was visited in the autumn term for follow-up tests on all the negative reactors. As there is no evidence of spread of infection, no further action is contemplated in the case of the one refusal.

One adult contact had left the school, and a communication was sent asking her to attend for chest X-ray.”

PILOT SURVEY OF IMMIGRANT CHILDREN - PRELIMINARY REPORT

“This survey was commenced during the schools’ summer holiday in August, and was continued at the half-term holidays in October.

The Ministry of Health circular letter “Medical arrangements for long-term immigrants” (April, 1965) suggested that immigrant children of school age should be included in the schools’ B.C.G. vaccination scheme, even if they did not fall within the age group in which the scheme is normally operating.

It was decided that a team consisting of a medical officer and a health visitor should visit the homes of immigrant schoolchildren whose names and addresses were obtained from head teachers through the Director of Education. It was anticipated that some contact could be made with other members of the family, parents and older and younger siblings. Also, as many of the houses are in multiple occupation, it was hoped that unattached young adults would be made known.

Letters were sent to the parents advising of the proposed visit of the team. A form of enquiry was completed, as far as was possible, in respect of each person, with particulars of social welfare and medical history. The subject of tuberculosis was introduced during the interview, and suggestions made for chest X-ray of adults and tuberculin testing of children, to be followed by vaccination with B.C.G. or chest X-ray as indicated.

For the tuberculin skin test, the “Tine” test was selected, as the prepared units are disposable and no sterilization facilities are required. The acceptance rate was very high. Refusals in isolated instances were by immigrants who had been in the United Kingdom for some time, and whose children were born here. The great majority of immigrants, of all nationalities, were pleased to see and welcome the team, as they felt that something was being done in a positive manner.

A second visit, 72 hours later, was necessary to read the tuberculin tests, and to vaccinate with B.C.G. or arrange appointments for chest X-ray. 150 houses were visited and contact made with some four hundred children and adults.

Language problems, in the case of many Pakistanis, were overcome by the assistance of neighbouring volunteers, and by a pamphlet printed in Urdu. These pamphlets were invaluable, and there is every indication that a wider use of these, explaining the various welfare services, would be of assistance to the workers concerned.

SUMMARY OF FINDINGS: “TINE” TEST (Ages 0—15 + years)

<i>Immigrants</i>					Positive	Negative			
Pakistani	...	...	...	...	11	13			
West Indian		...	...	...	17	29			
Others	...	...	...	...	1	7			
<i>Born in U.K. of Immigrant Parents:</i>									
Pakistani	...	...	...	...	3	3			
West Indian		...	...	...	7	90			
Others	...	...	...	...	2	2			
B.C.G. Vaccination	...	...	...	...	...	...	...	...	141

Most of the immigrants were from Pakistan or the West Indies. Others were from Burma, Nigeria, Italy, South Africa, Canada and Southern Ireland. It is worthy of note that none interviewed was from India.”

SPEECH THERAPY

"I'll make you eat your words before I've done"

Edward Ward, "Nuptial Dialogues"

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist:—

"I write the Annual Report for 1965 in a more optimistic mood than for some years. However, my five years as Senior Speech Therapist have taught me to avoid complacency about the staff position, and to live only for the present.

At the beginning of the year, there was only one full-time therapist (myself), and three part-time therapists, who between them worked an average of 14 sessions per week. Mrs. Popat left in March, and Mrs. Saltmarsh in July, leaving our staff still more sadly depleted. However, in September we were pleased to welcome two full-time therapists, Miss Adkins and Miss Holland, and Mrs. Gray to work five sessions per week. In October we were joined also by Mrs. Pearson to work three sessions per week. Although they are only part-time, Mrs. Gray and Mrs. Pearson are both experienced therapists and are valuable additions to the staff. Unfortunately Mrs. Battye left us in December, after more than three years' service as a part-time speech therapist.

The new appointments made it possible for speech therapy to be resumed at Oakes Park and Chantrey Schools, which had been without a therapist since September, 1964. Arrangements were made for Miss Adkins and Miss Holland to share the work there between them. This was something of an experiment, but the head teachers of the schools report that the arrangement is working satisfactorily, and the therapists welcome the wider interest and variety in their work.

Our increased staff has also enabled us to give better branch clinic and educationally sub-normal school services, and by the end of the year weekly sessions were provided at all schools at which they were needed. Generally speaking, I consider that the Speech Therapy Service at that date was satisfactory, except for a need for more time at Manor Clinic.

The figures for 1965 reflect the more satisfactory staff position by a drop in the waiting list from 81 at the beginning of the year to 38 at the end, and an increase in the total number of cases dealt with (394 compared with 330 in 1964).

The attendance figures show a drop of 182 from 1964, but this was caused by a great deal of time at the beginning of the autumn term being spent at Chantrey and Oakes Park Schools assessing children whose treatment had been suspended for a year.

My remarks in the last Annual Report about the drop in the number of referrals resulted during 1965 in a rise of 18 to 130 but this figure is still below the average for the last five years."

The statistics for the year are given on pages 57 and 58.

CHILD GUIDANCE CENTRE

"I'm no angel"

T. M. Thackeray, "Vanity Fair"

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge:—

"The previous year was a record for the number of children referred. The children referred during this year fell only little short of that number.

The proportion of children referred by the different agencies and the proportions in the different categories of referral reasons remain remarkably constant over the years, as does the intelligence distribution of the children dealt with. (The children cover the whole range of intelligence from the brightest to the dullest, though 68 per cent were below average as against 50 per cent in the whole school population). The age range was from 3 to 16-plus years. Here the tendency is for the children to be referred earlier; in 1957 the median age on reference was 9 years and this has moved down steadily year by year until it is now at 7 years 5 months. This is due to more younger children being referred for, although the total number has increased over the years, fewer older children are now being seen among the new cases. To illustrate this, there were 128 children aged 10 and over referred during the year, whereas the average over this age range for 1956 to 1965 was 140.

Mr. M. Davis, Educational Psychologist, left for another post in October, which resulted in the service being short of 3 psychologists at the end of the year. In spite of this, 529 cases were closed during the year, a record number. Nevertheless, on December 31st 52 cases were on the initial waiting list, i.e., had not been seen at all, and 105 cases had been investigated and were waiting for regular treatment. There seems no hope of improving this unfortunate situation until more staff can be obtained.

Remedial reading groups were initiated in one school during the year, bringing the total to 14 schools. There is a demand for more help of this kind but it is impossible for the psychologists to find the necessary time.

There is no doubt that the service offered is welcomed, especially by the schools; apart from explicit expressions of appreciation the figures speak for themselves. Over the last 20 years the numbers referred by head teachers have risen from 106 to 451 and the percentage of the total numbers referred has risen from 46 to 77. This is both gratifying and frustrating in that so much more work needs to be done.

It is necessary to record the help given by other departments: Children's, Probation and especially Education Welfare."

The figures for the year 1965 are shown on pages 59 and 60.

SCHOOL NURSING SERVICE

*“To those who know thee not, no words can paint,
And those who know thee, know all words are faint.”*

Hannah More, “Sensibility”

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister:—

“During the year, one full-time school nursing sister was appointed to replace the remaining two health visitors who were working in the School Health Service. Towards the end of the year, two school nursing sisters resigned, one for domestic reasons and one to take up an appointment out of city. Two nursing assistants were appointed, one to fill an existing vacancy and one replacement after a resignation for family reasons.

CLEANLINESS SURVEY

The regular hygiene inspections have been carried out as usual by the nursing assistants, supported by the school nursing sisters.

The number of boys found to have head infestation remains the same, but there has been a slight decrease in the number of girls. There seems to be a good deal of apathy among parents with regard to the presence of ‘a few nits’, which with a little extra effort on their part could be eradicated.

Verrucae of the feet are frequently discovered at the hygiene inspection and parents are advised to obtain treatment. The majority attend the school clinics and very satisfactory results are obtained.

SPECIAL SCHOOLS

The work in these schools has been carried out as in previous years, but in the schools for delicate children, in addition to the physical care, more social problems have had to be dealt with.

NURSERY SCHOOLS AND CLASSES

The pattern of the work remains unchanged; the one outstanding feature here is the need for more places to meet the ever increasing demand.

CO-OPERATION WITH HOSPITALS AND SOCIAL WORKERS

This has continued as in previous years. Whenever a problem involves members of the family other than school children, the appropriate social worker is contacted. Close co-operation with Miss Littlewood (Superintendent Health Visitor) and her staff has been very beneficial. The school nursing sisters have attended case conferences regarding individual problem families and have given valuable information on the school children involved.

HEALTH EDUCATION

Mrs. Barnsley (School Nursing Sister) continued as Health Tutor at Kenwood Education Centre.

Baby bathing demonstrations and talks on personal hygiene have been given at the request of some of the head teachers. They are always well received and in some schools have become a regular feature.

Courses of lectures to girls studying for the Duke of Edinburgh's Award have been given.

Visitors to the various departments of the Central Clinic have included student nurses from the City General Hospital, home nurse trainees, sixth-form grammar school girls, Kenwood Education Centre and College of Education students, and also probation officer trainees."

Statistics relating to the service are given on pages 60 and 61.

VACCINATION AND IMMUNISATION

“The sage does not cure the sick only when they are sick, but he prevents the illness from arising”
“Chinese Medical Book”, c. 200 B.C.

The School Health Service continued to make provision for those immunisations which fall due between the ages of 5 and 15 years, and to encourage those children who have not been immunised to have their full primary courses against diphtheria, tetanus and poliomyelitis.

Appointments are made at the school clinics for diphtheria and tetanus, and in addition for whooping cough in the case of pre-school-age children, whom the mothers are encouraged to bring at the same time as their older siblings.

In the case of poliomyelitis, teams of school nursing sisters visited the infant schools to give the fourth (booster) dose of oral vaccine and at the same time to commence the course for children who had not had this earlier. Appointments were given for the second and third doses to be given at the Maternity and Child Welfare Centre, Orchard Place.

Protection against tuberculosis by B.C.G. Vaccination was offered to children in their first year at senior school (See page 25).

IMMUNISATIONS BY SCHOOL HEALTH SERVICE

				1965	1964	1963	1962	1961
Diphtheria	...	...	...	12	32	48	43	152
Triple	...	...	...	88	194	93	116	222
Diphtheria/Tetanus	...	...	...	298	632	331	366	587
Tetanus	...	...	...	698	1,633	1,227	1,735	1,601
Re-inforcing								
Diphtheria/Tetanus	...	...	...	2,423	2,951	2,405	1,953	2,880
Tetanus	...	...	...	1,355	1,047	1,564	1,581	—

Poliomyelitis:—

Over 10,000 doses were given by the school nursing staff at the schools.

HANDICAPPED PUPILS

"I was weak as a rained-on bee"
Ridgely Torrence, "The Tramp Sings"

PHYSICALLY HANDICAPPED PUPILS

At the end of the year, three children with deformities due to thalidomide were in Sheffield schools, one at Oakes Park School for the Physically Handicapped and two in ordinary school. One of the latter was transferred at midsummer from Oakes Park, where he had learnt to accept his handicap and become one of a community. The other child in ordinary school has what one might call a minimal handicap and her progress is being watched.

The Chantrey School for Cerebral Palsied Children remains full, and there are 26 children suffering from this condition in Oakes Park. Dr. K. S. Holt, Senior Lecturer in Child Health, who has visited the school regularly as consultant, left at the end of the year to take up a post in London. This account would be incomplete without paying a tribute to the work that he has done.

The number of children with spina bifida in Oakes Park is now 28. Plans for the school which will cater for children with this disability have been submitted to the Department of Education and Science.

MALADJUSTED PUPILS

This term covers a large range, from the child who simply needs guidance and discipline and a regular routine, to a frankly disturbed child. Many such children respond to the atmosphere of our open air schools, but the numbers are now increasing to such an extent that a school for maladjusted pupils is to be built, and is, in fact, already in the planning stage.

EDUCATIONALLY SUB-NORMAL PUPILS

Reorganisation of the junior schools is being considered; the proposal is to make them co-educational and thus avoid the necessity for some of these young children to travel across the city.

SPECIAL SCHOOLS

The pupils in the following schools have been ascertained under the Handicapped Pupils and Special Schools Regulations, 1959 and 1962, as requiring special educational treatment:—

					Accommodation for
BLIND	Sheffield School for Blind Children	...	...	...	60 pupils (res.)
PARTIALLY SIGHTED	Brook Secondary School (Special Unit)	...	...	...	10 pupils (day)
	Stradbroke County School (Special Unit)	...	...	...	15 pupils (day)

			Accommodation for	
DEAF (GRADE III) AND PARTIALLY HEARING (GRADE IIB)	Maud Maxfield School ...	...	38 pupils (res.)	58 pupils (day)
PARTIALLY HEARING (GRADE IIA)	Greystones Secondary School ... (Special Unit)		10 pupils (day)	
	Hunter's Bar School (Special Unit) ...	...	10 pupils (day)	
	Maud Maxfield School (lip reading classes) ...	...	30 pupils (day)	
DELICATE	Bents Green School ...	...	*40 pupils (res.)	100 pupils (day)
	Springvale House School	...	140 pupils (day)	
	Whiteley Wood School...	...	144 pupils (day)	
PHYSICALLY HANDICAPPED	Chantrey School ...	...	40 pupils (res.)	20 pupils (day)
	Oakes Park School ...	...	120 pupils (day)	
EDUCATIONALLY SUB-NORMAL	East Hill Schools:			
	Infant ...	...	45 pupils (day)	
	Junior Boys ...	...	100 pupils (day)	
	Senior Boys ...	...	120 pupils (day)	
	Handsworth School:			
	(Junior Girls) ...	...	100 pupils (day)	
	Highfield School			
	(Senior Girls) ...	...	120 pupils (day)	
	Wadsley Bridge Schools:			
	Junior Boys ...	...	100 pupils (day)	
	Senior Boys ...	...	120 pupils (day)	

*Accommodation temporarily reduced from this figure during alterations to the school

SHEFFIELD SCHOOL FOR BLIND CHILDREN

At the end of the year, 63 children were on the registers of the school, their conditions being as follows:—

Abiotrophy of Retinæ	...	...	...	...	...	2
Albino	...	...	...	...	...	5
Buphthalmos	...	...	...	...	...	5
Choroido Retinitis	...	...	...	...	...	2
Congenital Cataracts	...	...	...	...	...	10
Congenital Nystagmus	...	...	...	...	...	1
Corneal Leucoma	...	...	...	...	...	1
Microphthalmos	...	...	...	...	...	4
Optic Atrophy	...	...	...	...	...	12
Retinitis Pigmentosa	...	...	...	...	...	2
Retinoblastoma	...	...	...	...	...	5
Retrolental Fibroplasia	...	...	...	...	...	9
Uveitis	...	...	...	...	...	5
						—
						63
						==

PARTIALLY SIGHTED UNITS

As envisaged in the 1964 report, the partially sighted children were transferred on 27th April, 1965, from Bents Green to units at Stradbroke

Junior and Brook Secondary Schools. Both Units are working satisfactorily, the classification of the defects at each at 31st December being given below:—

<i>Brook Secondary School</i>						
Congenital Cataracts	...	...	...	...	...	3
Congenital Nystagmus	...	...	...	...	...	1
High Myopia	...	...	...	...	...	1
Optic Atrophy	...	...	...	...	...	1
Optic Disc Anomaly	...	...	...	...	...	1
Retrolental Fibroplasia	...	...	...	...	...	1
						<hr/> 8 <hr/>

<i>Stradbroke County School</i>						
Albinism	...	...	...	...	...	2
Congenital Cataracts	...	...	...	...	...	3
Congenital Nystagmus	...	...	...	...	...	4
Degeneration of Maculæ	...	...	...	...	...	1
Hypermetropic Astigmatism	...	...	...	...	...	1
Irido Cyclitis	...	...	...	...	...	1
Retrolental Fibroplasia	...	...	...	...	...	2
						<hr/> 14 <hr/>

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below:—

RESULTS OF EXAMINATIONS

Recommended for admission to a day special school for the educationally sub-normal	...	...	...	...	...	...	68
Recommended for education in an ordinary school with special educational treatment	...	...	...	...	...	...	52
Found to be educationally sub-normal, but for further consideration as to disposal	...	...	...	...	...	...	8
Examined but decision deferred as to educational sub-normality	...	...	...	...	...	...	15
Referred to the Child Guidance Centre for investigation	...	...	...	...	...	...	3
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57 (4)	...	...	...	...	...	...	14

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL

Left on attaining the leaving age	...	...	...	...	...	62
Removed at an earlier age as incapable of receiving further benefit	...	...	...	...	...	9

TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY
(MENTAL HEALTH SUB-COMMITTEE)

					<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	...	...	...	...	5	6
Re-examined and still incapable	...	...	...	...	1	2
Educationally sub-normal children notified on attaining the school leaving age	...	...	...	...	47	15

DIABETES

11 pupils with this condition are under one or other of the hospital diabetic clinics but are fortunately fit to attend ordinary school. Special diets are provided where necessary, children participate in games and general school activities so far as is advisable, but no injections are given in school.

CEREBRAL PALSY

There is a total of 85 children with this condition known to us in the City. It will be seen from the following table, giving their disposal, that the majority of those of school age are fit to attend some form of day school. It is the residue, who are very severely handicapped, who constitute the real problem:—

Total number of children	...	...	...	...	...	85
Unsuitable for education in school and under the care of the local health authority	...	...	...	...	...	17
Number requiring education	...	...	...	...	...	68
Disposal of the educable children:						
At ordinary schools...	...	...	...	...	...	16
In day special schools for:—						
Physically handicapped	...	...	...	...	10	
Educationally sub-normal	...	...	...	...	4	
Deaf	...	...	...	...	1	
Delicate...	...	...	...	...	2	
Cerebral palsied	...	...	...	...	25	
					—	42
In residential special schools (including 5 at Chantrey School)						10
						38

HOME TUITION

In addition to the children who attend special schools, there are some who are unable to attend school because of conditions such as cerebral palsy. Home tuition is arranged for these wherever possible and they are kept under periodic review. At the end of the year, there were 3 children being educated in this way. In addition, tuition by teachers is given to children in the local hospitals who are considered capable of benefiting therefrom.

CHILDREN MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE CITY, DECEMBER, 1965

At the end of the year, 55 children were in residential special schools and homes outside the City. A summary of these cases is given on page 62.

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions:—

Birmingham Royal Institution for the Blind (diagnostic training)—1 male (who finished training in March, 1965).

Royal Normal College for the Blind (two males, short-hand and type-writing).

Spastics Society Further Education Centre—Special Course (1 male).

AFTER CARE

As detailed in the 1964 Report, the liaison between the Senior School Medical Officer and the senior medical officers having the responsibility for the after-care of the handicapped school-leavers has continued as before.

MISCELLANEOUS

“He is very fond of making things he doesn’t want and then giving them to people who have no use for them”

Anthony Hope, “Dolly Dialogues”

VISITORS

Following the usual practice, candidates for the Diploma in Child Health, and students in social science from the University, have paid visits to the various schools for physically handicapped and to school clinics.

Dr. Wilson and other medical officers from the Department of Education and Science have paid official visits. Also there have been many foreign visitors and medical officers from several local authorities.

REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SCHOOL BUILDINGS

During the year, the Dore, Hallam, Shooters Grove, Bluestone and Tinsley Junior County Schools, the Crosspool and St. John Fisher R.C. Secondary Schools, and the College of Technology were finally completed.

Minor projects were also completed at 14 schools, colleges, etc.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown on page 61. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those referring to scarlet fever, meningitis, dysentery and measles are confirmed cases.

SCHOOL MEALS SERVICE

“The proof of the pudding is in the eating”

Joseph Addison, “Spectator”

SCHOOL MEALS

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1965:—

January	41,818	July	40,318
February	41,156	August	—*
March	40,926	September	44,166
April	40,963	October	44,233
May	41,986	November	44,208
June	41,381	December	43,455

*All Schools closed in August

	1964	1965
No. of dinners consumed by pupils on payment	6,841,643	7,345,573
No. of dinners supplied free	559,616	565,998
No. of dinners supplied on part-payment of 6d....	17,941	4,097

The following is the number of children on free meals in December, earlier years being included for comparison:—

1959	1960	1961	1962	1963	1964	1965
3,460	3,200	3,086	3,724	3,981	3,350	3,991

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to one one-third-pint bottle per day per child and no charge is made.

During the year ended 31st December, 1965, 10,771,600 one-third pints of beverage milk, representing approximately 448,816 gallons, were supplied to pupils in Sheffield Schools. Drinking straws are provided and all milk supplied to the schools is pasteurised.

Beverage Milk—Average number of bottles supplied daily

1965	Primary & Secondary Schools	Non- Maintained Schools	Total
January	53,033	2,628	55,661
February	51,958	2,617	54,575
March	51,277	2,636	53,913
April	52,496	2,699	55,195
May	54,339	2,636	56,975
June	53,396	2,556	55,952
July	52,925	2,560	55,485
August	—	—	—*
September	54,433	2,598	57,031
October	53,581	2,671	56,252
November	52,003	2,638	54,641
December	49,671	2,515	52,186

*All Schools closed in August

A return to the Department of Education and Science shows that on a day in October, 1965, 85% pupils received beverage milk and 63% received dinners.

PHYSICAL EDUCATION

“Every man is the builder of a temple, called his body”

H. D. Thoreau, “Higher Laws”

By Mr. L. Morant, Organiser of Physical Education

“1. Introduction

Probably the most important event of the year was the inauguration of the National Sports Development Council by the Parliamentary Under-Secretary of State, Mr. Dennis Howell, M.P. Whilst Committees have been formed to study and report on all aspects of the terms of reference, it would be true to say that the main effort so far has been to encourage the provision of all types of sports facilities in a greater number and variety than ever before.

Planning Authorities have been reminded of such important factors as the great increase in leisure time, the increase in mobility and the demand for higher standards to keep pace with other improvements made in social conditions in recent years. These factors have produced a different emphasis on recreational needs. Young people are no longer satisfied to play on a nearby games pitch on Saturdays. The need to travel presents little difficulty, indeed it may be part of the attraction. The increase in affluence and leisure has made it possible for all to take part in activities which were formerly reserved for the few.

Many young people now seek their recreation not in the playing of the traditional national team games but in activities which can be practised by individuals, or small, comparatively-unorganised groups, fell-walking, rock-climbing, pot-holing, sailing, canoeing, golf and tennis all attracting large numbers of participants.

These factors have caused the Sports Development Council to advocate the provision not only of facilities of the traditional type such as swimming baths and gymnasia, but also of amenities which can cater for longer and more varied use, irrespective of weather conditions. It is hoped that some of the results of the work of the Regional Sports Councils now being formed will be seen in the increased provision of hard-surface pitches capable of being flood-lit at night, covered play areas, sports halls, and centres for outdoor pursuits.

The Minister has emphasised that such development projects will require the full co-operation of two or more Committees if available resources are to be used to provide all local requirements in the most economic and efficient way.

2. Activities in Schools

(a) General

Further progress has been made locally with the development of facilities. Bluestone, Dore, Hallam, Shooters Grove and Tinsley Schools have been built for juniors and infants. Crosspool and St. John Fisher R.C. are new secondary schools, whilst a new playing field with an excellent pavilion at Ash House is now being used by several establishments for further education. The students of the City College of Education are also enjoying the use of an excellent new pavilion on the playing field at Norton.

As reorganisation has proceeded, each school has been equipped in a manner appropriate to its new role. Educational philosophies and teaching techniques have been examined and modified where this seemed desirable. The emphasis is towards individual progress by personal experience in a controlled environment rather than regimented instruction.

All types of schools and evening classes have received regular visits from members of the organising staff who have assisted teachers by taking demonstration lessons, giving advice and conducting in-service courses. This work becomes more important and necessary as more teachers return to the schools after a break in their service, and as the scope of the work increases throughout the age range.

The following courses and lecture demonstrations were held:

	Number attended			
Movement training for teachers of juniors	62
Movement training for teachers of infants	58
Creative dance for the primary school	40
Educational gymnastics for teachers of senior boys		38
Educational gymnastics for teachers of senior girls		22
Hockey coaching for girls	27
Basket ball coaching for men and women teachers		28
Coaching for lawn tennis for men and women teachers			...	27
Rebound tumbling	27
Recreational physical training for evening school teachers (men)				32
Recreational physical training for evening school teachers (women)	24
Recreational keep-fit rally for women	88
Swimming instruction for men and women teachers		18
Coaching of basket ball	24

(b) Games

A comprehensive programme of games coaching has been carried out, although prolonged periods of bad weather caused difficulty at times. The provision of hard, all-weather games surfaces, preferably floodlit for evening use, and of covered games areas, would help to meet demands which are at present insatiable, and would also ensure continuity of training.

Head teachers are making the most of the opportunities for social and recreational training by the organisation of games schemes which are wide in scope. The fixture lists are no longer parochial but are obviously designed to widen experience. It is becoming increasingly common for as many as 10 teams from one school to visit another for a variety of Saturday morning games.

Excellent arrangements have been made by enthusiastic teachers for the usual considerable number of inter-school leagues and tournaments. The results are summarised below:

(i) Association Football

Competition	No. of Teams	Winners	Runners-up
City League Championship (under 16)	4	Tapton Secy.	Newfield Secy.
City League (under 15)	19	Shirecliffe Secy.	Gleadless Valley Secy.
Clegg Shield	16	St. Peter's R.C. Secy.	Waltheof Secy.
United Shield	7	Greystones Secy.	Hatfield House Lane High
Wednesday Shield	19	St. Paul's R.C. Secy.	Beaver Hill Secy.
Handsworth Cup	7	Wybourn Secy.	Shiregreen High
Heinz Trophy	17	Norfolk Secy.	Newfield Secy.
Junior Schools	19	Shirecliffe Jr.	Pipworth Road Jr.

The following boys gained County Honours during the season:

W. McCall (Shirecliffe High School)

T. Stenton (St. Peter's R.C. Secondary School)

E. Oliver (Gleadless Valley Secondary School) joined the two boys mentioned above to play in the English International Trials.

(ii) Rugby Football

This game is becoming increasingly popular. 22 teams took part in the annual competitions, the winners being:—

Price Cup	Waltheof Secondary
Luther Milner Shield	Waltheof Secondary

(iii) Hockey (Girls)

With an increase in the number of pitches more schools are playing the game—indeed all secondary schools include it in their programme.

Bad weather made it impossible to complete the League Competition but the Knock-out Tournament resulted in a tie between Norfolk Secondary School and the City Grammar School.

(iv) Hockey (Boys)

An increasing number of schools are offering this game for their boys, mainly in winter, though some are finding it popular in the summer. Boys who have not been particularly keen on association or rugby football or cricket have welcomed the opportunity to play the game.

(v) *Cricket*

The highlight of the season was the Yorkshire v. Lancashire Schoolboys match, played on the English Steel Corporation ground, which thanks to the generosity of the firm was a great success.

R. Hartle of Southey Green High School and B. Gott of Bradfield Secondary School are to be congratulated on their selection for the Yorkshire Boys' team.

The local competitions resulted as follows:—

Competition	No. of Teams	Winners	Runners-up
Stokes Shield	22	Hurlfield Secy. Boys	Coleridge Road High
Barber Shield	23	Waltheof Secondary	Beaver Hill Secy.
Six-a-side Knock-Out	32	Coleridge Road High	Rowlinson Tech.
Under 16	24	Silverdale Secy.	Chaucer Comp.

(vi) *Netball*

More facilities for this game have been provided and coaching courses have been held. All the girls' secondary schools play this as one of their major games and a regular programme of inter-school matches were played throughout the season.

The results of the competitions were as follows:—

Competition	No. of Teams	Winners	Runners-up
Graves Shield	24	Yew Lane	Abbeydale Secy.
Creswick Shield	20	Abbeydale Secy.	Waltheof Secy.
Miller Shield	19	Waltheof Secy.	Grange Grammar
Hatfield Trophy	18	Beaver Hill Secy.	Hurlfield Secy.

In addition, a Sheffield team took part in the Yorkshire Schoolgirls' Netball Rally, being successful in a very closely-contested final against Bradford by 15 to 14.

(vii) *Rounders*

The annual tournament held at Abbeydale Girls' Grammar School was a great success. Approximately 1,500 children and 200 teachers were present and 5 knock-out tournaments proceeded simultaneously on the 22 pitches prepared.

The results of the inter-school competitions were as follows:

League

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield	28	Wybourn Secy.	Hurlfield Secy.
Fred Bye Trophy	30	Jordanthorpe Secy.	Wybourn Secy.
Eaton Cup	44	Hatfield House Lane Jr.	Firs Hill Jr.
Carr Cup	44	Phillimore Road Jr.	Longley Jr.

Tournament

Competition	No. of Teams	Winners	Runners-up
Slavin Cup	50	Greenhill Junior	Ecclesall Junior
Brightside Cup	49	Whitby Road Junior	Phillimore Road Junior
Miller Trophy	30	Waltheof Secy.	Chaucer Comp.
Drew Trophy	30	Hurlfield Secy.	Norfolk Secy.

(viii) *Basket-Ball*

Better facilities and coaching have produced a great improvement in the standard of play. The tournaments were well supported and resulted as follows:—

	Winners	Runners-up
Under 15	Tapton Secy.	Hatfield House Lane Secy.
Under 18	Abbeydale Boys' Grammar	Tapton Secy.

(ix) *Tennis*

The Authority now has over 100 hard tennis courts under its control, all of which are used regularly in the season for class-coaching purposes and for match play.

A very successful tennis league was conducted throughout the year and the annual tournament was again held at Myers Grove Comprehensive School.

The results were as follows:

League

Competition	Winners	Runners-up
Girls' Doubles	Newfield Secondary	Silverdale Secondary
Mixed Doubles	Newfield Secondary	Hinde House Comp.
Boys' Doubles	Rowlinson Technical	Silverdale Secondary

Tournament

Competition	Winners	Runners-up
Girls' Doubles	Newfield Secondary	Ecclesfield Grammar
Mixed Doubles	Newfield Secondary	Silverdale Secondary
Boys' Doubles	Newfield Secondary	Silverdale Secondary

(x) *Badminton*

This game has become very popular and is played in most of the school halls and gymnasia after school hours. It is conducted as a club activity, with pupils taking the responsibility for organisation. The standards of play, dress and behaviour are very creditable to all concerned.

An inter-schools league provided an interesting series of evening matches throughout the season and the finals were held at Hinde House Comprehensive School.

The winners were as follows:

League				
Girls' Doubles	...	...	...	Hurlfield Secondary
Boys' Doubles	...	...	...	Firth Park Grammar (A League) Waltheof Secondary (B League)
Mixed Doubles	...	...	...	City Grammar
Tournament				
Girls' Doubles	...	...	...	Hurlfield Secondary
Boys' Doubles	...	...	...	City Grammar
Mixed Doubles	...	...	...	City Grammar

(c) *Athletics*

More training areas have been provided and all secondary school pupils are now able to train under suitable conditions, either in gymnasia or outdoors, according to the weather. The improvement in facilities and the good coaching being given have naturally produced improved standards, and at the Annual Athletics Championship at the Hillsborough Park track many records were broken. Abbeydale Secondary School won the championship, with Waltheof Secondary School the runners-up for the second year in succession.

A strong team was again selected for the Yorkshire Schools Championships, and 2 girls and 6 boys became county champions in their event. They were all chosen to represent Yorkshire in the National Championships, where they helped to win the Inter-County Competition.

The following individual honours were gained during the season:—

C. Mason	...	...	St. Paul's R.C. Secy.	...	Intermediate mile, County and National Champion
R. Farrimond	...	...	High Storrs Boys' Gr.		440-yards Senior County Champion and 2nd in National
Kathleen Mirfin	...	...	Abbeydale Secy.	...	Discus throw Junior County Champion and 4th in National
A. Greaves	...	...	Abbeydale Boys' Gr.	...	Intermediate Steeplechase County Champion
Wendy Adams	...	...	Myers Grove Comp.	...	Putting-the-Shot Junior County Champion
Alison Jardine-Smith	...	...	Abbeydale Girls' Gr.	...	Senior 220-yards County Champion
R. Aizlewood	...	...	Firth Park Gr.	...	Intermediate 880-yards County Champion

Cross-country running is increasing in popularity in boys' schools and the inter-school league, which meets every Saturday morning throughout the season, was supported by 36 schools.

The Senior Atkin Trophy was won by Abbeydale Secondary School. This completed a year of remarkable success for a school which is comparatively small and lacking in appropriate facilities.

(d) *Dance*

The many facets of dancing continue to flourish in schools. The programme is varied and provides a comprehensive range of dance experience, from the more traditional English, Scottish and other national dances to modern educational dance. Recently there has been an increased interest shown in the latter by teachers who appreciate the need for a form of dance which will provide a creative means of body discipline. Accordingly, courses for both infant and secondary teachers have taken place at which suggestions of sources of material and stimuli, schemes of work and methods of progression were discussed. Experimental work has continued with the correlation of training in movement, music, drama and art, and some of the results obtained have indicated that this type of work can stimulate and develop the imagination and powers of expression.

Folk-dance meetings are being held between various schools, providing an opportunity for mixed groups to meet in an enjoyably social atmosphere. These and similar meetings held out of school time are always greatly enjoyed by both teachers and pupils.

Sheffield Dance Circle

This year the Dance Circle has moved to new premises at Hurlfield Girls' Secondary School which has excellent facilities. The emphasis throughout has been on modern educational dance as more teachers realise the value of this work in schools.

During the year, there have been visiting lecturers on two occasions and both these occasions were greatly enjoyed by the many people who attended.

It is hoped that the interest shown in modern dance will be maintained so that knowledge gained at the Dance Circle will enrich the subject in both primary and secondary schools.

The Sheffield Teachers' Folk Dance Club

The Club has enjoyed an active year. The 21st Annual Day-Course again attracted 70 teachers, but the main event of the year was the highly successful Folk Dance Festival which was held at St. Paul's R.C. Secondary School on the evening of 20th May. Over 400 children took part in a programme of dances which gave great pleasure, both to the participants and to the large

crowd of spectators. Miss T. Ballard, Miss A. Bailey and their colleagues are to be congratulated on the organisation of this event, which was for them the culmination of a very busy year.

(e) *Camping and School Journeys*

The interest in these activities which has been previously reported has continued to develop. Almost all secondary schools organise expeditions to centres of geographic or cultural interest abroad, but there has been an increase in the organisation of camps in this country at which the pupils have to take responsibility for some of the organisation and routine duties involved in living communally in a strange environment.

The Department of Education and Science has encouraged this type of activity for several years by grant-aid, and by organising courses for teachers and youth leaders. The educational values of camping, whether on a fixed site in a large party or in small groups with light mobile equipment, are particularly obvious for children living in the City. The schools have realised this and many children have learned more about themselves and others by camping, whilst at the same time being introduced to such activities as rock-climbing, canoeing, hiking and mountain pursuits, which will provide a healthy, recreational interest in post-school life.

More authorities are providing centres where these activities can be introduced under expert guidance and the Committee may wish to consider the needs of local pupils in this connection.

(f) *Swimming*

The main aim of the scheme of instruction has been to have every pupil able to swim at least 25 yards before leaving the primary schools. Returns received from schools indicate that many have achieved complete success and almost all approach it very closely. Teachers in the secondary schools have also reported that so many children are able to swim on transfer that they are able to concentrate from the beginning on more advanced work. These excellent results have been achieved largely because of the good work of teachers who have used the most modern methods of instruction. The concentration on confidence-training and mobility in the water, rather than uniformity of style in the initial stages, have stimulated even the timid children to great efforts.

As so many new schools are being built to serve the new housing estates, inevitably the time and money spent on transporting children to the baths is increasing. This causes difficulties which could be alleviated by the provision in primary schools of small, cheap 'learner pools' in which beginners can be taught to swim, or in secondary schools of baths of a size more appropriate for instruction in advanced skills.

Progress has been made in changing over to the new methods of instruction and conditions of awards of the Royal Life Saving Society, and the results in this branch of swimming and in competitive swimming have again been very good.

Attendances in School Time

Year	No. of Attendances
1962	309,737
1963	325,834
1964	304,984
1965	316,827

Distance Certificates

Length in Yards	Boys				Girls			
	1962	1963	1964	1965	1962	1963	1964	1965
25	2,779	2,772	2,820	2,818	2,511	2,637	2,786	3,002
100	2,161	2,291	2,338	2,215	1,737	2,138	1,958	1,797
440	1,657	1,728	1,858	1,971	1,291	1,361	1,448	1,483
880	1,491	1,689	1,636	1,742	919	836	996	863
	8,088	8,480	8,652	8,746	6,458	6,972	7,188	7,145

Grand Totals	1962	...	...	...	14,546
	1963	...	...	...	15,452
	1964	...	...	...	15,840
	1965	...	...	...	15,891

(i) Life Saving

Awards made by the Royal Life Saving Society for success in their examinations were as follows:—

			1964	1965
Intermediate Certificate	...		823	967
Bronze Medallion	...	...	462	429
Bronze Cross	...	...	39	80
Scholar Instructor	...	...	23	26
Instructor	...	...	27	37
Award of Merit	...	...	15	18

The following trophies for life-saving were gained by the Sheffield Schools:

The Potter Cup—Boys	...	...	...	Waltheof Secondary
Girls	...	...	...	Waltheof Secondary
The William Henry Cup—Boys	...		...	Waltheof Secondary
Girls	...		...	Hurlfield Secondary

Waltheof Secondary School achieved a feat which is probably unique when their boys' team and girls' team again won the Championship of Division 3 (Yorkshire and Lincolnshire) for Life Saving.

(ii) *Awards of Merit*

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers:

Year	Boys	Girls	Total
1965	41	46	87
(1964)	(49)	(34)	(74)

(iii) *Free Passes to Baths*

During the year, every school where 20 or more pupils attending Corporation Baths obtained certificates, was awarded one free pass for boys and one for girls by the Cleansing and Baths Committee. A similar privilege was granted by the Education Committee to schools attending the Woodthorpe and King Edward VII swimming baths. These passes provide an incentive and give the more capable swimmers an opportunity to make the most of their talents.

Passes were awarded as follows:

City Teams	...	...	...	...	...	...	...	49
Training Scheme	...	...	...	...	...	...	...	28
Schools attending Public Baths	...	...	...	...	...	...	...	215
Woodthorpe and King Edward VII Baths	...	...	...	...	...	...	...	37
								<u>329</u>

(iv) *H.M.S. "Sheffield" Trophy*

The artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. The competition was won by Waltheof Secondary School for the fourth year in succession.

(v) *The Winter Squadron Leagues*

These competitions continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the secretary, is to be congratulated on the good work done.

The results were:

Senior: Boys	...	...	...	...	Waltheof Secondary
Girls	...	...	...	...	Hurlfield Secondary
Junior: Boys	...	...	...	...	Abbeydale Secondary
Girls	...	...	...	...	Hurlfield Secondary

(vi) *English Schools' Advanced Award*

This award demands all-round proficiency in swimming, both in style and speed, and above-average ability in diving. In 1965, 9 boys and 15 girls from Sheffield schools were successful.

(vii) *Further Education*

The swimming classes arranged in connection with Evening Institutes were well-attended and successful. A number of adults were taught to swim and several qualified for the awards of the Royal Life Saving Society.

3. **School Sports and Tournaments**

The number of schools organising their own open days, sports days and swimming galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public, and improving the prestige of the school as an influence for good in its environment.

4. **Out-of-School Activities**

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it is appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year are the Schools' Athletics Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Sheffield Dance Circle, the Teachers' Netball Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(a) *The Sheffield Schools' Athletics Association*

The members of this association, the second oldest of its type in the country, have a proud record of 75 years' voluntary service for the children of the City's Schools. The occasion was marked by the organisation of a Festival of Sport which took place on the ground of the Sheffield Wednesday Football Club on the evening of 7th July. Over 1,000 children took part in athletic and sporting events, which were interspersed with massed displays of gymnastics and English and Scottish country dancing. The large crowd of spectators could not fail to be impressed by the voluntary work being done by Mr. B. Smith, the Honorary General Secretary, and his colleagues for the good of the children.

(b) *The Sheffield Schools' Swimming Association*

The association has had its normal year of great activity and considerable success. In the Yorkshire Schools' Swimming Championships, Sheffield were the runners-up with 200 points against the winner's 202.

Mr. Hughes, Mr. Price, Mr. Danson and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

5. Conclusion

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his senior staff; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service; of the kindly assistance of the office staff and personal colleagues; and of the friendly relationships existing with the teaching staff."

STATISTICAL INFORMATION

“It is a capital mistake to theorize before one has data”

A. Conan Doyle, “Scandal in Bohemia”

SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1965

							Children	Attend- ances
SCHOOL MEDICAL OFFICERS—								
Visits to Schools	...	...	...	...	1,490			
Periodic health inspections			...	...	...	...	10,703	
Selected cases	...	...	...	...	...	...	1,619	
Observation Cases and Re-inspections			...	...	...	...	6,939	
Special cases...	...	...	...	...	...	...	2,327	
Inspection and minor ailments clinics	...	...	...	...	...	...	15,460	25,390
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—								
Examinations of children in schools			...	...	...	...	239,531	
Visits to homes	...	...	...	...	...	...	2,128	
Minor dressings at clinics and schools	...	...	...	...	...	...	19,832	40,985
OPHTHALMIC CLINIC—								
Examined by surgeon	...	...	...	...	...	...	2,589	2,670
Dressed by school nursing sisters			...	...	...	...	1,075	3,855
Orthoptic treatment	...	...	...	...	...	...	897	1,600
AURAL CLINIC—								
Examined by surgeon	...	...	...	...	...	...	392	518
Dressed by school nursing sisters			...	...	...	...	1,604	7,307
ORTHOPÆDIC CLINIC—								
Examined by surgeon	...	...	...	...	...	...	183	183
RHEUMATISM AND HEART CLINIC—								
Examined by pædiatrician			...	...	...	...	17	17
CHIROPODY CLINIC—								
Treated by chiropodist	...	...	...	...	...	...	768	1,705
CHILD GUIDANCE CENTRE	...	...	...	...	...	...	1,149	4,851
SPEECH THERAPY CLINIC	...	...	...	...	...	...	394	3,895
DENTAL CLINICS—								
Inspected at schools	...	...	...	...	...	...	13,177	
Inspected at clinics	...	...	...	...	...	...	2,735	
Treated by school dental surgeons			...	...	...	...	4,270	10,946
IMMUNISATION AGAINST DIPHTHERIA, ETC.—								
At schools and clinics	...	...	...	...	...	...		6,927
TOTAL ATTENDANCE OF CHILDREN AT CLINICS								110,849

PERIODIC HEALTH INSPECTIONS

The number examined at periodic health inspections was:—

Entrants (those born 1959 and later)	...	6,118
Leavers (those born 1951 and earlier)	...	4,585
		<hr/>
		10,703
		<hr/>

1,428 (1,771*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), or 13·3 per cent of those inspected.

2,959 (3,427*) pupils were referred for observation at subsequent periodic health inspections.

*1964 figures

SPECIAL EXAMINATIONS

1,619 children in infant, junior and secondary schools were examined as “selected” cases. 1,447 defects were found, of which 701 required treatment and 746 observation only.

3,980 (5,342*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

*1964 figures

CLEANLINESS (PERIODIC HEALTH INSPECTIONS)

The figures from 1962 and onwards relate to ‘entrants’ and ‘leavers’ only. (See page 31 for the results of the cleanliness survey carried out by the school nursing sisters in all schools).

Cleanliness of Head

					CLEAN	INFECTED				
					per cent	HAIR				
						per cent.				
Boys ...	1945	...	...	...	97·04	2·96	(Nits	2·81	Lice	·15)
	1962	...	...	...	99·58	·42	(„	·4	„	·02)
	1963	...	...	...	99·59	·41	(„	·39	„	·02)
	1964	...	...	...	99·43	·57	(„	·57	„	—)
	1965	...	...	...	99·15	·85	(„	·85	„	—)
Girls ...	1945	...	...	...	83·24	16·76	(„	15·83	„	·93)
	1962	...	...	...	98·12	1·88	(„	1·8	„	·08)
	1963	...	...	...	98·24	1·76	(„	1·76	„	—)
	1964	...	...	...	98·24	1·76	(„	1·75	„	·01)
	1965	...	...	...	99·69	·31	(„	·31	„	—)

Cleanliness of Body

					CLEAN	DIRTY				
					per cent	per cent				
Boys ...	1945	...	...	...	99·56	·41				
	1962	...	...	...	99·99	·01				
	1963	...	...	...	100·00	—				
	1964	...	...	...	99·89	·11				
	1965	...	...	...	99·77	·23				
Girls...	1945	...	...	...	99·65	·3				
	1962	...	...	...	100·00	—				
	1963	...	...	...	100·00	—				
	1964	...	...	...	99·91	·09				
	1965	...	...	...	99·88	·12				

GENERAL CONDITION

(This classification, though primarily concerned with physical fitness, also includes poise and general demeanour)

The percentages found at periodic health inspections to be unsatisfactory were, boys .33%, and girls .12%. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 66 to 70.

Only two classifications—satisfactory and unsatisfactory—are considered necessary by the Department of Education and Science. Every case judged unsatisfactory by the medical officer is therefore carefully investigated, with special attention to home conditions.

EYE DEFECTS

Number of children found to have defective vision at the periodic health inspections ('entrants' and 'leavers' only):—

				Number examined	Defective vision
Boys	...	...	...	5,221	570 (10.9%)
Girls	...	...	...	4,635	482 (10.4%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9 and 13 is tested by the school nursing sisters (this means that a child's vision is tested every other year as a matter of routine). The school nursing sisters referred 368 (284*) children to the medical officers at the clinics: of these 239 (178*) were found to require examination by the ophthalmologist and 96 (82*) were kept under observation. No treatment was found to be necessary in 33 (16*) cases; the parents of 10 (8*) children elected to have treatment through their general practitioners.

*1964 figures

OPHTHALMIC TREATMENT

Summary of Work

								Cases	Attendances
Errors of refraction:—									
Hypermetropia and hypermetropic astigmatism								773	802
Myopia and myopic astigmatism ...				...	...	...		1,101	1,121
Mixed astigmatism ...				...	...	...	...	98	101
Anisometropia ...				...	...	...	...	101	103
Congenital defects ...				...	...	...	...	152	163
Inflammatory conditions				...	...	...	...	12	14
Injuries ...				...	...	...	...	5	6
Squint:—									
Strabismus, convergent ...				...	...	...	...	155	162
Strabismus, alternating convergent				...	...	...	...	49	52
Strabismus, divergent ...				...	...	...	...	18	19
Strabismus, alternating divergent				...	...	...	...	7	8
Phoria ...				...	...	...	...	7	7
No apparent defect ...				...	...	...	...	111	112
								<hr/> 2,589 <hr/>	<hr/> 2,670 <hr/>

Glasses: prescribed	2,126
replacements and repeat prescriptions ...	48
Referred to orthoptists	172
Referred to school medical officers for treatment	7
Treated otherwise	3
Under observation	483
Not seen this year	1,047
New cases seen in 1965	811

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1964 numbered 725 (665*). Of the 176 (215*) children referred during 1965, 172 (205*) became registered patients, the total attendances made by all cases being 1,600 (1,772*). 283 (145*) cases were discharged during the year, leaving 614 (725*) cases still open at the end of the year.

The details of the discharges during the year are as follows:—

After investigation, found to be unsuitable for treatment ...	16	(11*)
Cured	82	(45*)
Improved	48	(16*)
Cosmetically satisfactory	33	(15*)
Left district or transferred	28	(23*)
Failed to attend	55	(16*)
Treatment refused	4	(4*)
No apparent defect	17	(15*)
	<u>283</u>	<u>(145*)</u>

*1964 figures

EAR, NOSE AND THROAT

The total number of children seen during the year was 392 (411*), of whom 333 (319*) were new cases. The children made 518 (577*) attendances.

*1964 figures

The hospitals have supplied the following figures for operations for tonsils and adenoids:—

Royal Infirmary	54
Royal Hospital	502
Children's Hospital	343
Tonsillectomy Unit	725
	<u>1,624</u>

The following table gives an analysis of the reasons for attendance at the clinic:—

Tonsils and adenoids	171
Tonsils	19
Adenoids	62
Otitis media	30
Deafness	81
Other conditions	121
Consultation—no treatment advised at present	34
	<u>518</u>

PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Cases under review at beginning of year	...	...	...	24	
Referred during the year	...	...	...	83	
				<hr/>	107
					<hr/>
Admitted to Maud Maxfield School Nursery	...	...	...	8	
Referred to aural surgeon and awaiting operative treatment				4	
Referred back to general practitioner with appropriate recommendation	...	...	...	1	
Receiving auditory training	...	...	...	14	
Hearing found to be satisfactory	...	...	...	62	
Cases still under review at end of year	...	...	...	18	
				<hr/>	107
					<hr/>
Sources of new cases referred during year were as follows:					
Otologists and pædiatricians	...	...	...	6	
Maternity and Child Welfare	...	...	...	64	
Medical Officer of Health	...	...	...	2	
General practitioners	...	...	...	2	
Social Psychiatry	...	...	...	1	
Parents' request	...	...	...	2	
School medical officers	...	...	...	3	
Other local authorities	...	...	...	3	
				<hr/>	83
					<hr/>

SPEECH THERAPY

Analysis of work carried out during 1965

Cases open on 1st January, 1965	...	...	...	...	221
Cases on waiting list, 1st January, 1965	...	...	...	...	81
Cases referred during 1965	...	...	...	...	130
					<hr/>
					432
					<hr/>
Cases closed during 1965	...	...	...	...	124
Cases open on 31st December, 1965	...	...	...	...	270
Cases on waiting list, 31st December, 1965	...	...	...	...	38
					<hr/>
					432
					<hr/>

Interviews

Treatment interviews with children	...	...	...	...	3,730
Diagnostic interviews with children	...	...	...	...	165
Interviews with parents	...	...	...	...	392
Interviews with other members of School Health Service	...	...	...	...	225
Recall interviews after discharge	...	...	...	...	8
Visits made by speech therapists to schools, etc.	...	...	...	...	98

Children referred for further examination

To educational psychologist for mental assessment	...	...	...	...	14
For audiometer test	...	...	...	...	6
To Child Guidance Centre for opinion and treatment	...	...	...	...	2
For examination by otologist	...	...	...	...	3
For neurological examination	...	...	...	...	1

Reasons for Closure during 1965
Treatment Cases

	A	B	C
*1. Good result	5	1	35
2. Maximum benefit	—	—	14
3. Left school or district prior to completion of treatment...	6	—	10
4. Non-attendance	4	—	5
5. Parents' request	1	—	7
6. Receiving treatment elsewhere	—	—	7
7. Unsuitable for speech therapy	—	—	3
8. Attendance not possible	2	—	—

A=stammer; B=stammer + speech defect; C=speech defect
(*All cases in this category are given a period of supervision prior to closure).

Observation Cases

Treatment not indicated after supervision	...	...	...	14
Treatment not indicated at preliminary interview	...	...	...	5
Non-attendance at preliminary interview	...	...	...	2
Removed from waiting list: case not opened	...	...	...	3
Number of cases	...	...	...	394
Number of attendances	...	...	...	3,895

HEART DISEASES AND RHEUMATISM CLINIC

Condition	New cases	Old cases	Attendances
1. No Rheumatism or Heart Disease			
(a) Functional murmurs	2	3	5
(b) Physiological arrhythmias	—	1	1
(c) No cardiac signs	1	2	3
2. Rheumatic Fever			
(a) Active { with } heart affection {	—	—	—
{ without }	—	1	1
(b) Inactive { with } heart affection {	—	—	—
{ without }	—	4	4
3. Rheumatic Chorea			
Active { with } heart affection {	—	1	1
{ without }	—	—	—
4. Congenital Heart Disease			
Cyanotic { operated	—	—	—
{ not operated	—	1	1
Non-cyanotic { operated	—	—	—
{ not operated	—	1	1
TOTALS	3	14	17

(NOTE: Dr. J. Lorber, the Pædiatrician, was absent out of the country for 8 months of the year)

CHILD GUIDANCE CENTRE

Number of cases registered during 1965

Boys	...	...	...	...	...	...	...	...	223	
Girls	...	...	...	...	...	...	...	...	359	
									—	582

Analysis of cases dealt with

Cases closed 1965	...	...	...	...	...	...	...	529	
E.S.N. cases closed	...	...	...	...	...	...	...	38	
								—	567
Cases open, 31st December, 1965	...	...	...	...	...	...	...	719	
E.S.N. cases open	...	...	...	...	...	...	...	55	
								—	774
Cases on waiting list	...	...	...	...	...	...	...		52

Reasons for closing cases in 1965

Did not attend at all	...	...	...	...	...	...	24
Consultation only	...	...	...	...	...	...	221
„ „ —E.S.N. cases	...	...	...	...	...	...	38
							— 259
After supervision	...	...	...	...	...	...	229
Treatment cases—							
Further attendance impossible			...	...	...	...	9
Patient unco-operative	...	...	...	...	...	...	1
Parent unco-operative	...	...	...	...	...	...	6
Treatment completed	...	...	...	...	...	...	39
							— 567

Analysis of cases open, 31st December, 1965

Under treatment	...	...	...	...	...	...	75
Under supervision	...	...	...	...	...	...	505
Under supervision (E.S.N. cases)	...	...	...	...	...	...	55
							<hr/> 560
Under investigation	...	...	...	...	...	...	34
Awaiting treatment (investigation complete)					...	...	105
							<hr/> 774

*Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Total
Number of children ...	36	20	150	376	582

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.
Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.
Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.
Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

Sources of reference

	Head teach- ers	Parents	School medical officers	Speech thera- pists	Juvenile Court	Private doctors	Hos- pitals	Others	Total
Number of children.....	451	42	14	16	17	13	11	18	582

Age range on reference

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children...	5	16	42	47	190	105	49	32	34	16	20	14	10	1	1	582

Intelligence quotient range of all cases closed during 1965

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children ...	41	57	105	120	82	62	15	7	40	529

SCHOOL NURSING SERVICE—SUMMARY OF WORK

IN THE SCHOOLS—

Attendance with school medical officers at periodic health inspection.									
Examination of children under cleanliness scheme—Boys							68,146		
Girls							74,855		
									143,001
Examination of children for “following up”							...	...	1,268
Examination of children for investigation of outbreak of infectious diseases							...	...	270
Examination of children for other purposes							...	...	7,445
Attendances for breathing exercises...							...	...	4,651
Weighing and measuring							...	...	58,055
Number of visions tested							...	...	24,841
									239,531
Number of children referred to clinics							...	...	3,336
Number of visits to schools							...	...	12,757

IN THE CLINICS

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe ...	102	254	303	1,056	1,936	3,931
Central ...	19	27	45	195	319	803
Chaucer ...	43	104	75	338	504	1,422
Greenhill ...	25	27	25	253	358	691
Handsworth ...	35	64	59	155	376	1,041
Heeley... ..	42	82	61	417	719	1,936
Hillsborough ...	43	85	75	411	406	797
Manor ...	75	155	162	459	1,575	4,537
Nursery ...	45	75	34	77	1,562	1,951
Pitsmoor ...	90	123	118	314	885	1,920
Shiregreen ...	92	264	102	428	1,743	2,402
Southey Green	48	75	46	131	515	776
Special Schools	247	2,156	286	2,245	5,565	10,786
Wisewood ...	41	117	39	197	660	2,316
Woodhouse ...	32	52	43	133	263	709
Wybourn ...	96	195	131	498	2,446	4,967
TOTALS ...	1,075	3,855	1,604	7,307	19,832	40,985

IN THE HOMES

Visits for “following up”	...	...	...	...	...	...	990
Visits for neglect, uncleanness, etc.			...	...	...	...	315
Visits for various purposes	...	...	...	...	...	...	823
							2,128

INFECTIOUS DISEASES

Disease	Reported from the schools					
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1965	1964
Measles	971	327	163	77	1,538	1,490
German Measles	425	483	192	205	1,305	444
Whooping Cough	6	11	23	21	61	62
Chicken Pox ...	524	415	231	360	1,530	2,820
Mumps	126	73	53	69	321	2,571
Scarlet Fever ...	114	72	25	57	268	241
Meningitis ...	—	—	—	1	1	6
Dysentery ...	52	15	5	13	85	155

SHEFFIELD CHILDREN IN OUT-OF-CITY RESIDENTIAL SPECIAL SCHOOLS
AND HOMES, DECEMBER, 1965

Condition									Boys	Girls	Total
Blind and partially-sighted	...	...	...	...	...	...	...	...	5	4	9
Deaf and partially-hearing	...	...	...	...	...	...	...	...	4	4	8
Delicate	...	...	...	...	...	...	...	...	10	—	10
Educationally sub-normal	...	...	...	...	...	...	...	...	10	3	13
Epileptic	...	...	...	...	...	...	...	...	2	3	5
Maladjusted	...	...	...	...	...	...	...	...	1	2	3
Physically handicapped	...	...	...	...	...	...	...	...	5	2	7
									TOTAL		55

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	Full-time	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Clinic for Young Deaf Children, 7, Leopold Street... ..	All	Thurs. mornings and afternoons	Diagnosis of degree of deafness and auditory training.
CHILD GUIDANCE CENTRES:			
9, Newbould Lane	All	Full-time	} Child Guidance.
Handsworth Branch Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane	25	Fridays all day	
SPEECH THERAPY CLINICS:			
Catchbar Lane	All	Full-time	} Speech Therapy.
Attercliffe Branch Clinic, Vicarage Road	26	Tuesday mornings	
Greenhill Branch Clinic, Greenhill County School	11	Wednesday mornings	
Manor Branch Clinic, Prince Edward County School	39	Mon., Wed. and Thurs. mornings	
9, Newbould Lane	44	Friday afternoons	
DISTRICT MEDICAL CLINICS:			
Attercliffe Branch Clinic, Vicarage Road	18	Mon., Tues., Wed. and Friday afternoons	} Inspection, minor ailment and immunisation clinics.
Central Clinic, 7, Leopold Street—District E	19	Wed. and Sat. mornings	
District F	24	Mon. and Thurs. afternoons & Sat. mornings	
Chaucer Branch Clinic, Chaucer Comprehensive School	6	Wed. and Fri. mornings	
Greenhill Branch Clinic, Greenhill County School	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth	10	Wed. mornings	
Heeley Branch Clinic, Lowfield County School	39	Mon., Tues. and Fri. afternoons	
Hillsborough Branch Clinic, Broughton Road	15	Mon. and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School	30	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School	20	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southey Green County School	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School	8	Wed. and Fri. afternoons	
Woodhouse Branch Clinic, Chapel Street	6	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School	5	Mon., Wed. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS: Central Clinic, 7, Leopold Street ...	156	Varies	} Routine and casual dental treat- ment, special dental cases, dental radiography and M. & C. W. dental treatment. } } Routine and casual dental treat- ment, and M. & C. W. dental treatment
Heeley Branch Clinic, Lowfield County School 	34	„	
Rowlinson Branch Clinic, Rowlinson Technical School 	10	„	
Attercliffe Branch Clinic, Vicarage Road	21	„	
Owler Lane Branch Clinic, Owler Lane County School	17	„	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Wood-house	Shire-green	Chaucer	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	TOTAL
Inspection and Minor Ailments Clinics—																	
Cases	2,636	1,341	526	1,126	1,124	1,190	538	524	344	965	707	1,502	1,052	318	1,567	—	15,460
Attendances ...	4,608	2,406	880	2,213	1,226	1,284	1,092	954	676	1,641	1,130	2,277	1,278	711	3,014	—	25,390
Dressings by School Nursing Sisters—																	
Eye cases ...	254	123	85	82	27	27	27	64	52	264	104	155	117	75	195	2,231	3,855
Ear cases ...	1,056	314	411	417	195	195	253	155	133	428	338	459	197	131	498	2,322	7,307
Minor ...	3,931	1,920	797	1,936	803	803	691	1,041	709	2,402	1,422	4,537	2,316	776	4,967	12,737	40,985
Treatment Clinics—																	
Ophthalmic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,670	2,670
Orthoptic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,600	1,600
Aural ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	518	518
Orthopædic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	183	183
Rheumatism & Heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	17
Chiropody ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,705	1,705
Dental (Central and Branch) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10,946	10,946
Diphtheria Immunisation ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6,927	6,927
Child Guidance Centres ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,851	4,851
Speech Therapy Clinics ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,895	3,895
TOTALS ...	9,849	4,763	2,173	4,648	3,535	3,535	2,063	2,214	1,570	4,735	2,994	7,428	3,908	1,693	8,674	50,602	110,849

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1964 Inches	1965 Inches	Number Examined 1965	Age	1920 Inches	1938 Inches	1945 Inches	1964 Inches	1965 Inches	Number Examined 1965
5	40.5	42.44	42.93	43.3	43.29	3,003	5	40.75	42.13	42.64	42.85	43.06	2,814
6	42.75	44.76	44.77	45.74	45.69	3,031	6	42.45	44.24	44.63	45.34	45.24	2,952
7	44.4	47.09	46.98	48.1	48.09	2,985	7	44.05	46.77	46.59	47.64	47.66	2,875
8	46.9	49.21	49.84	50.23	50.3	2,973	8	46.9	48.86	48.85	49.88	49.83	2,765
9	48.45	50.47	50.38	52.3	52.25	2,761	9	47.95	50.39	51.22	51.97	51.93	2,645
10	49.8	52.28	54.31	54.29	54.23	2,605	10	50.25	52.13	54.38	54.21	54.13	2,555
11	53.55	53.98	54.91	56.16	56.14	2,614	11	51.1	55.28	55.62	56.46	56.55	2,529
12	54.05	56.42	56.44	58.3	58.13	2,245	12	54.5	57.52	57.96	58.74	58.67	2,008
13	55.7	57.91	59.1	60.65	60.69	1,945	13	56.05	58.9	60.02	60.8	60.75	1,966
14	56.45	59.8	60.38	63.4	63.3	1,997	14	57.	60.75	60.9	62.06	61.98	2,084
15	—	—	—	65.44	65.66	1,095	15	—	—	—	62.82	62.71	1,112
16	—	—	—	67.71	67.39	244	16	—	—	—	63.54	63.56	197

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1964 Pounds	1965 Pounds	Number Examined 1965	Age	1920 Pounds	1938 Pounds	1945 Pounds	1964 Pounds	1965 Pounds	Number Examined 1965
5	38.6	41.49	41.58	43.67	43.67	3,003	5	38.9	39.93	40.18	42.37	42.62	2,814
6	42.2	45.72	44.95	48.61	48.57	3,031	6	40.45	43.87	43.71	47.62	47.35	2,952
7	45.1	51.1	49.77	54.6	54.53	2,985	7	42.1	49.21	47.62	53.28	53.49	2,875
8	50.15	56.17	57.12	60.39	61.05	2,973	8	49.05	54.17	54.41	59.42	59.77	2,765
9	52.25	60.	61.73	66.72	67.19	2,761	9	52.2	58.	59.12	66.4	66.74	2,645
10	57.7	64.29	74.52	74.04	74.16	2,605	10	53.4	63.8	67.61	75.04	74.69	2,555
11	68.2	70.86	73.49	81.31	81.35	2,614	11	61.75	75.44	77.48	83.7	85.33	2,529
12	70.4	80.14	79.35	90.79	89.22	2,245	12	71.05	83.47	85.85	94.11	94.57	2,008
13	73.75	85.61	90.07	100.37	101.34	1,945	13	77.35	89.66	96.04	105.66	106.17	1,966
14	79.55	94.14	95.16	113.11	113.52	1,997	14	78.95	100.5	99.65	114.47	114.71	2,084
15	—	—	—	124.46	126.09	1,095	15	—	—	—	119.58	119.62	1,112
16	—	—	—	137.68	137.78	244	16	—	—	—	125.84	125.51	197

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	3,003	43.29	963	43.64	1,627	43.15	413	43.01	5	2,814	43.06	948	43.27	1,442	42.85	424	43.33		
6	3,031	45.69	963	46.16	1,547	45.58	521	45.14	6	2,952	45.24	931	45.7	1,577	45.14	444	44.67		
7	2,985	48.09	961	48.43	1,589	48.	435	47.64	7	2,875	47.66	897	48.03	1,550	47.56	428	47.26		
8	2,973	50.3	1,010	50.73	1,546	50.12	417	49.89	8	2,765	49.83	795	50.27	1,525	49.75	445	49.32		
9	2,761	52.25	889	52.71	1,435	52.09	437	51.84	9	2,645	51.93	809	52.38	1,465	51.81	371	51.38		
10	2,605	54.23	864	54.63	1,390	54.03	351	54.03	10	2,555	54.13	790	54.49	1,353	54.08	412	53.57		
11	2,614	56.14	736	56.43	1,471	56.15	407	55.57	11	2,529	56.55	723	57.13	1,425	56.45	381	56.44		
12	2,245	58.13	507	58.41	1,358	58.17	380	57.59	12	2,008	58.67	444	59.17	1,214	58.62	350	58.22		
13	1,945	60.69	506	60.9	1,106	60.65	333	60.49	13	1,966	60.75	479	61.19	1,128	60.61	359	60.57		
14	1,997	63.3	473	63.6	1,156	63.26	368	63.02	14	2,084	61.98	527	62.33	1,173	61.87	384	61.82		
15	1,095	65.66	339	65.75	588	65.81	168	64.94	15	1,112	62.71	361	62.9	545	62.64	206	62.56		
16	244	67.39	117	67.54	91	67.15	36	67.48	16	197	63.56	104	63.79	56	63.48	37	63.05		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS												GIRLS							
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		
5	3,003	43.67	963	44.37	1,627	43.46	413	42.86	5	2,814	42.62	948	43.2	1,442	42.46	424	41.88		
6	3,031	48.57	963	49.69	1,547	48.27	521	47.4	6	2,952	47.35	931	48.54	1,577	46.94	444	46.29		
7	2,985	54.53	961	55.61	1,589	54.15	435	53.55	7	2,875	53.49	897	54.63	1,550	53.16	428	52.3		
8	2,973	61.05	1,010	62.47	1,546	60.49	417	59.69	8	2,765	59.77	795	61.18	1,525	59.61	445	57.82		
9	2,761	67.19	889	68.91	1,435	66.66	437	65.41	9	2,645	66.74	809	68.99	1,465	65.85	371	65.3		
10	2,605	74.16	864	75.96	1,390	73.49	351	72.41	10	2,555	74.69	790	75.86	1,353	74.47	412	73.12		
11	2,614	81.35	736	83.74	1,471	80.62	407	79.63	11	2,529	85.33	723	84.99	1,425	84.	381	90.94		
12	2,245	89.22	507	91.12	1,358	89.27	380	86.52	12	2,008	94.57	444	97.57	1,214	94.06	350	92.51		
13	1,945	101.34	506	103.88	1,106	100.87	333	99.06	13	1,966	106.17	479	108.94	1,128	105.71	359	103.94		
14	1,997	113.52	473	116.49	1,156	112.83	368	111.87	14	2,084	114.71	527	116.24	1,173	113.99	384	114.82		
15	1,095	126.09	339	128.44	588	125.76	168	122.5	15	1,112	119.62	361	122.1	545	118.57	206	118.06		
16	244	137.78	117	138.14	91	136.31	36	140.31	16	197	125.51	104	127.02	56	125.87	37	120.73		

NURSERY SCHOOLS AND CLASSES

HEIGHTS

Boys				GIRLS			
Age	1957 Inches	1965 Inches	Number examined 1965	Age	1957 Inches	1965 Inches	Number examined 1965
2	35.78	36.88	11	2	35.13	35.85	7
3	37.94	38.6	210	3	37.46	38.04	181
4	40.	40.62	268	4	39.52	40.18	265

WEIGHTS

Boys				GIRLS			
Age	1957 Pounds	1965 Pounds	Number examined 1965	Age	1957 Pounds	1965 Pounds	Number examined 1965
2	30.71	31.39	11	2	29.38	30.27	7
3	34.85	34.87	210	3	33.88	33.77	181
4	38.47	38.82	268	4	36.86	37.88	265

MEDICAL INSPECTION AND TREATMENT RETURNS
 YEAR ENDED 31ST DECEMBER, 1965

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1966—70,566

PART I.
 MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
 PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
 SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory Number (3)	Unsatisfactory Number (4)	For defective vision (excluding squint) (5)	For any other condition recorded at Part II (6)	Total individual pupils (7)
1961 and later ...	491	490	1	—	23	22
1960 ...	2,880	2,871	9	60	284	298
1959 ...	2,747	2,733	14	66	306	336
1951 ...	1,731	1,729	2	66	214	251
1950 and earlier ...	2,854	2,851	3	236	330	521
TOTAL ...	10,703	10,674*	29†	428	1,157	1,428

*Total Satisfactory—99·73% †Total Unsatisfactory—·27%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	22,587
Number of Re-inspections	...	...	...	...	...	...	14,117
				TOTAL	...	...	36,704

TABLE C—INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	143,001
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	2,153
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	3,242
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	—

SCREENING TESTS OF VISION AND HEARING

1.	(a) Is the vision of entrants tested ?	Yes
	(b) If so, how soon after entry is this done ?	Within first year of entry
2.	If the vision of entrants is not tested, at what age is the first vision test carried out ?	—
3.	How frequently is vision testing repeated throughout a child's school life ?	Every other year
4.	(a) Is colour vision testing undertaken ?	Yes
	(b) If so, at what age ?	11 years
	(c) Are both boys and girls tested ?	Yes
5.	By whom is vision and colour testing carried out?	School nursing sisters; doubtful cases referred to school medical officers
6.	(a) Is audiometric testing of entrants carried out ?	No
	(b) How soon after entry is this done ?	At 6 years of age
7.	By whom is audiometric testing carried out ?	School nursing sisters

PART II.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease					PERIODIC INSPECTIONS						SPECIAL INSPECTIONS	
					Entrants		Leavers		Total		Requiring Treatment	Requiring Observation
					Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
Skin	...	...	...	...	97	116	264	54	361	170	3,860	43
Eyes—	(a)	Vision	...	...	126	493	302	175	428	668	740	462
	(b)	Squint	...	...	82	93	13	11	95	104	45	14
	(c)	Other	...	...	25	22	10	5	35	27	716	25
Ears—	(a)	Hearing	...	...	96	184	40	18	136	202	365	95
	(b)	Otitis Media	...	...	15	174	17	8	32	182	153	31
	(c)	Other	...	...	72	99	55	9	127	108	817	55
Nose and Throat	...	...	...	...	97	915	26	43	123	958	1,460	175
Speech	...	...	...	...	16	287	4	5	20	292	139	53
Lymphatic Glands	...	...	...	...	7	206	2	10	9	216	15	24
Heart	...	...	...	...	10	103	5	15	15	118	27	23
Lungs	...	...	...	...	14	201	10	28	24	229	146	51
Developmental—	(a)	Hernia	...	...	4	37	—	1	4	38	2	2
	(b)	Other	...	...	11	214	25	16	36	230	100	73
Orthopædic—	(a)	Posture	...	...	2	29	12	7	14	36	7	7
	(b)	Feet	...	...	18	94	21	33	39	127	19	19
	(c)	Other	...	...	18	121	16	13	34	134	353	28
Nervous System—	(a)	Epilepsy	...	...	5	30	6	11	11	41	28	12
	(b)	Other	...	...	8	6	3	2	11	8	42	7
Psychological—	(a)	Development	...	...	3	41	—	4	3	45	62	16
	(b)	Stability	...	...	7	290	4	26	11	316	93	71
Abdomen	...	...	...	...	—	9	—	5	—	14	107	7
Other	...	...	...	...	6	46	11	36	17	82	3,837	111

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	648
Errors of refraction (including squint)	2,548
TOTAL	3,196
Number of pupils for whom spectacles were prescribed ...	2,126

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	20
(b) for adenoids and chronic tonsillitis	1,631
(c) for other nose and throat conditions	10
Received other forms of treatment	2,497
TOTAL	4,158

Total number of pupils in schools who are known to have
been provided with hearing aids:—

(a) in 1965	13
(b) in previous years and still attending school ...	114

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	338
(b) Pupils treated at school for postural defects	1
TOTAL	339

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	3
Scabies	72
Impetigo	22
Other Skin Diseases	3,707
TOTAL	3,804

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child							
Guidance Clinics	...	...	...	...	...	...	1,149

TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech							
Therapists	...	...	...	...	...	...	394

TABLE G—OTHER TREATMENT GIVEN

							Number of cases known to have been dealt with
(a)	Pupils with minor ailments	...	...	...	...	...	4,365
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	236
(c)	Pupils who received B.C.G. Vaccination	...	...	...	...	...	3,729
(d)	Other than (a), (b) and (c) above—						
	Chiropody	...	...	...	...	...	768
	Diphtheria Immunisation, etc. (See page 33 of this Report)						
	Heart	...	...	...	...	...	14
	Orthoptic	...	...	...	...	...	897
	TOTAL (a) — (d)	...	...	...	...	...	<u>10,009</u>

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Ages		Ages		Ages		Total
	5 to 9		10 to 14		15 and over		
A. <i>Attendances & Treatment</i>							
First Visit
Subsequent visits
Total visits
Additional courses of treatment commenced
Fillings in permanent teeth
Fillings in deciduous teeth
Permanent teeth filled
Deciduous teeth filled
Permanent teeth extracted
Deciduous teeth extracted
General anæsthetics
Emergencies
Number of Pupils X-rayed
Prophylaxis
Teeth otherwise conserved
Number of teeth root filled
Inlays
Crowns
Courses of treatment completed
B. <i>Orthodontics</i>							
Cases remaining from previous year
New cases commenced during year
Cases completed during year
Cases discontinued during year
No. of removable appliances fitted
No. of fixed appliances fitted
Pupils referred to Hospital Consultant
	Ages		Ages		Ages		Total
	5 to 9		10 to 14		15 and over		
C. <i>Prosthetics</i>							
Pupils supplied with F.U. or F.L. (first time)
Pupils supplied with other dentures (first time)
Number of dentures supplied
D. <i>Anæsthetics</i>							
General Anæsthetics administered by Dental Officers
E. <i>Inspections</i>							
(a) First inspection at school. Number of Pupils
(b) First inspection at clinic. Number of Pupils
Number of (a) + (b) found to require treatment
Number of (a) + (b) offered treatment
(c) Pupils re-inspected at school clinic
Number of (c) found to require treatment
F. <i>Sessions</i>							
Sessions devoted to treatment
Sessions devoted to inspection
Sessions devoted to Dental Health Education

On 20th January, 1966:— Number of handicapped pupils who were :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		Total (1-10)	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
D. (i) On the registers of—													
(1) Maintained Special Schools as :—													
(a) Day pupils ..	..	—	2	43	6	100	127	79	511	6	3	877	
(b) Boarding pupils..	..	8	1	2	6	8	29	1	6	1	—	62	
(2) Non-Maintained Special Schools as :—													
(a) Day pupils ..	..	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils..	..	8	—	4	—	5	—	2	8	4	1	32	
(ii) On the registers of Independent Schools under arrangements made by the Authority ..		—	—	—	—	—	—	—	—	—	—	—	
(iii) Boarded in Homes and not already included under (i) or (ii) above ..		—	—	—	—	—	11	1	—	—	—	12	
TOTAL (D) ..		16	3	49	12	113	167	83	525	11	4	983	
Total awaiting places or receiving special education (C(i) and D) ..		16	3	49	12	113	167	85	531	11	4	991	
E. Being educated under arrangements made under Section 56 of the Education Act, 1944 :—													
(i) In City General Hospital ..	..	—	—	—	—	40	—	—	—	—	—	40	
(ii) In other groups ..	..	—	—	—	—	—	—	—	—	—	—	—
(iii) At Home ..	..	—	—	—	—	2	—	—	—	1	—	3	

G. During the *calendar year* ended 31st December, 1965 :—

(i) Number of children subject of new decisions recorded under Section 57 of the Education Act, 1944	..	..	..	12
(ii) Number of reviews carried out under Section 57A of the Education Act, 1944	..	..	..	2
(iii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	..	..	..	1

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1965

SECTION	Gross Expendi- ture	Income	Net Expendi- ture	Cost in terms of a Penny Rate	
				Gross Expendi- ture	Net Expendi- ture
	£	£	£	d.	d.
Medical Inspection and Treatment	155,152	3,995	151,157	1·78	1·74
Special Schools	441,757	140,277	301,480	5·07	3·46
Totals	596,909	144,272	452,637	6·85	5·2

CITY OF SHEFFIELD, GENERAL INFORMATION

Population (as estimated mid-1965)	...	...	...	...	488,950
Area ... ..	...	...	...	...	39,598 acres
Density of population	...	...	...	12·35	persons per acre
Rateable Value at 31st March, 1965	...	...	...	...	£20,978,598
Rate levied for Education, year ended 31st March, 1965	...	...	...	...	118·75d.
Penny Rate Product, year ended 31st March, 1965	...	...	...	...	£84,032
Primary and Secondary Schools (including Nursery Schools)—					
Number of schools	...	...	...	...	222
Number on rolls	...	...	...	...	69,229
Special Schools—					
Number of schools	...	...	...	...	16
Number on rolls	...	...	...	...	1,337

